

Rowan County Community Health Needs Assessment

2025



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LETTER FROM THE PRESIDENT/HEALTH DIRECTOR

Dear Community Members, Partners, and Stakeholders,

On behalf of the Rowan County Public Health Department, I am pleased to present the 2025 Community Health Needs Assessment (CHNA) report. This comprehensive assessment reflects our ongoing commitment to understanding and improving the health and well-being of every resident in our county.

The CHNA is a vital tool that helps us identify the most pressing health challenges facing our community. Through data analysis, community surveys, focus groups, and collaboration with local organizations, we have gained valuable insights into the social, economic, and environmental factors that influence health outcomes in Rowan County.

Key findings from this year's assessment highlight both progress and persistent disparities. While we have seen improvements in areas such as childhood immunization rates and access to primary care, challenges remain in addressing chronic diseases, mental health, substance use, and the social determinants of health such as housing, education, and food security.

This report is not just a reflection of where we are—it is a call to action. It provides a roadmap for strategic planning, resource allocation, and collaborative initiatives that will guide our efforts over the next three years. We are committed to working alongside our community partners, healthcare providers, and residents to implement evidence-based strategies that promote health equity and improve quality of life for all.

I want to extend my deepest gratitude to everyone who contributed to this assessment. Your voices, experiences, and expertise are the foundation of this work. Together, we can build a healthier, more resilient in Rowan County.

Sincerely,

Alyssa L. Harris MPH

Public Health Director

Rowan County Public Health

ACKNOWLEDGEMENTS

Community Health Needs Assessment (CHNA) Steering Committee

The CHNA Steering Committee was established to guide the development and implementation of the 2025 CHNA for Rowan County. Comprising a diverse group of stakeholders, the committee included representatives from local hospitals, public health agencies, nonprofit organizations, the local school system, and community advocacy organizations. This multidisciplinary team brought a wealth of knowledge, lived experience, and professional expertise to the process. The committee played a critical role in shaping the assessment framework, identifying priority health issues, ensuring inclusive community engagement, and reviewing findings to ensure they accurately reflected the needs and voices of all residents. Their collaborative leadership and commitment to health equity were instrumental in producing a comprehensive and actionable CHNA.

Name	Title	Organization
Alexandra Fisher	Executive Director	Meals on Wheels Rowan
Ali Edwards	Community Outreach Coordinator	Rowan County United Way
Amy Vestal	Development Director	Partners in Learning
Alyssa Harris	Public Health Director	Rowan County Public Health
Brittney Payne	Chief Administrative Officer	Cabarrus Rowan Community Health Center
Carol Ann Houpe	Director of Student Health & Wellness	Rowan Salisbury School System
Chandler Inions	Editor	Salisbury Post
Dr. Christine Lynn	Associate Dean, Ketner School of Business	Catawba College
Dennis River	Victims-Witness/Homeless Advocate	City of Salisbury Police
Jenny Lee	Executive Director	Rowan County United Way
Erin Moody	Prevention & Education Program Manager, Forensic Interviewer, Therapy Dog Handler	Terri Hess Child Advocacy Center
	Alderman	Town of Spencer
Gemale Black	President	Salisbury-Rowan NAACP
Gwen Jackson	Founder	Future Scapes Inc.
Jill Sellers	Parks & Recreation	Town of China Grove
Karen South Jones	Executive Director	Youth Services Bureau
Kendall Henderson	Director of Business Services	Rowan EDC
Kristen Reavis	Community Engagement	Novant Health
Krystal Ortiz-Rodriguez	Homeless Liaison	City of Salisbury Police
Michael Brooks	Human Relations Specialist	City of Salisbury
Rebecca Tru	Regional Program Director	Daymark
Sydney Murphy	Member Services & Marketing Manager	Chamber of Commerce
Zack Shepherd	Community Relations Regional Director	Vaya Health

Community Experts

In addition to the Rowan County CHNA Steering Committee, collaborators would also like to extend sincere appreciation to community leaders who shared information in their respective areas.

Name	Organization	Topic
Courtney Meece	Rowan County Public Health	Demographics
Kristine Wiles	Rowan Helping Ministries	Food Access
Joseph Dismuke	NC Works	Employment
Dr. Kelly Withers	Rowan-Salisbury School System	Education
Major Corey Brooks	City of Salisbury Police	Crime
Krista Woolly	Community Care Clinic of Rowan	Primary Care Access
Alyssa Harris	Rowan County Public Health	Chronic Disease
Dr. Brett Leslie	Community Care Clinic of Rowan	Dental Care Access
Billy West	Daymark Recovery Services	Mental Health
Savannah Johnston	Rowan County Public Health	Substance Use
Kyle Harris	Salisbury Community Development Corporation	Housing
Kyna Grubb	Rowan Helping Ministries	Homelessness
Rodney Harrison	City of Salisbury	Transportation
Will Hendrick	NC Conservation Network	Environmental Health Factors

EXECUTIVE SUMMARY

Vision Statement

Empowering communities through data-driven insights to achieve equitable, informed, and sustainable health outcomes.

We envision a future where CHNAs serve as a catalyst for positive change—illuminating the health status, disparities, and strengths of each community. By integrating local voices with comprehensive data, CHNAs guide strategic action, enabling health agencies to prioritize resources and initiatives that reflect the values and needs of the people they serve. Through this collaborative process, we aim to foster healthier, more resilient communities across our counties and the state.

Purpose of the Community Health Needs Assessment

To realize this vision, the CHNA serves as a foundational tool for understanding and addressing the unique health challenges within a community. By combining existing data sources with direct input from residents, the CHNA paints a comprehensive picture of local health conditions, disparities, and assets. This process not only highlights areas of concern but also elevates community voices in identifying priorities. The resulting insights guide public health agencies in developing targeted strategies and allocating resources effectively ensuring that interventions are both responsive and impactful.

Partnerships

To bring this vision to life, the CHNA is carried out through a strong, collaborative partnership among Rowan County Public Health, Novant Health Rowan Medical Center, Rowan County United Way, and Healthy Rowan. This alliance is rooted in the principles of collective impact—recognizing that meaningful and lasting improvements in community health require coordinated efforts across sectors. By working together, these organizations combine expertise, resources, and community connections to identify priority health areas and drive strategic action. The CHNA process enables this partnership to align shared goals, elevate community voices, and implement targeted solutions that reflect the needs and aspirations of Rowan County residents.

CHNA Leadership

Leadership for the CHNA is guided by a dedicated Steering Committee, intentionally formed using the community sector representative model established by the Drug Free Communities framework. To ensure broad and equitable representation, the Healthy Rowan Executive Committee implemented a structured, open application process inviting partners across sectors to express interest, share expertise, and describe how their perspectives would strengthen the CHNA process. Applications were reviewed with attention to diversity of role; lived experience; organizational representation; and demographic characteristics such as race, ethnicity, age, gender, and geographic location within Rowan County. By selecting members based on both the sectors they represent—including education, healthcare, faith-

based organizations, business, and grassroots community groups—and their alignment with Healthy Rowan’s commitment to equity and collaboration, the Executive Committee ensured that the Steering Committee reflects the diverse voices and lived experiences of the county. This intentional approach results in a group well-equipped to identify and address health priorities that are meaningful, equitable, and responsive to the needs of all residents.

Central Carolina Community Collaborative (CCCC)

The Central Carolina Community Collaborative (CCCC), launched in 2024, is funded by the Duke Endowment to amplify our local community voice through the CHNA process. The members of the collaborative are dedicated to improving health outcomes, enhancing the quality of life in Central North Carolina and ensuring all community members can achieve their highest level of health. We bring together diverse voices including health systems, public health departments, academic institutions, United Way agencies and other community-based organizations to identify needs, share resources, and implement meaningful solutions.

The CCCC includes:



Regional CHNA Approach: The 2025 CHNA for Rowan County was developed through a collaborative, regionally coordinated process to ensure consistency, inclusivity, and local relevance. Planning began with joint meetings among public health departments, hospitals, and community organizations to establish shared goals, timelines, and tools. Secondary data was sourced from credible regional and national databases, while a culturally appropriate, accessible community health survey was developed and distributed across participating counties in both digital and paper formats. Rowan County also conducted qualitative research through focus groups to capture local perspectives and highlight unique strengths and challenges. The assessment was further strengthened by shared data platforms, including the Atlas site and Metopio, which enhanced data visualization, transparency, and stakeholder engagement. Together, these efforts provided a robust foundation for identifying health priorities and guiding strategic planning.

Methodology Overview

To conduct the 2025 CHNA, Rowan County employed a mixed-methods approach that integrated both quantitative and qualitative data sources to ensure a comprehensive understanding of the community's health status and needs. Quantitative data was gathered from publicly available sources such as the U.S. Census Bureau, Centers for Disease Control and Prevention (CDC), as well as state and local data. This data provided insights into key health indicators, including chronic disease prevalence, behavioral health trends, access to care, and social determinants of health. To complement this, qualitative data was collected through community surveys and focus groups representing various communities within Rowan County. The assessment process was guided by a steering committee composed of local leaders and subject matter experts, ensuring that the methodology was inclusive, equitable, and aligned with national best practices.

Process

The 2025 CHNA was guided by a 12-step process, designed by the North Carolina Department of Health and Human Services, Division of Public Health, to ensure that the final report reflects accurate data, diverse perspectives, and actionable priorities. The process, illustrated in the figure above, is both systematic and collaborative, involving multiple sectors, community members, and data sources.



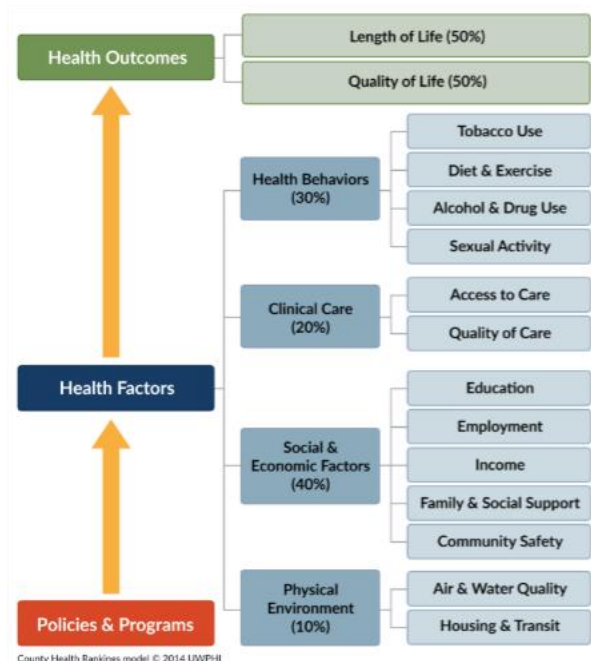
- CHNA Preparation – Establishing the scope, goals, and timeline for the assessment to ensure a structured approach.
- Framework/Model – Selecting the County Health Rankings population health model as the theoretical framework to guide data collection, analysis, and interpretation.
- Secondary Data – Gathering existing data from credible sources on health outcomes, behaviors, and social determinants.
- Advisory Committee – Forming a diverse group of community partners to provide guidance, expertise, and oversight throughout the process.
- Authentic Community Engagement – Listening to residents' voices through outreach, listening sessions, and surveys to ensure community priorities are reflected.
- Primary Data – Collecting new, local data directly from the community to complement secondary data sources.
- Health Problems – Identifying key health issues and challenges based on combined data analysis.
- Inventory of Resources – Mapping available programs, services, and assets that can address identified health needs.

- **Prioritization** – Using established criteria to determine which health issues should be addressed first, based on severity, feasibility, and community input.
- **Telling the Story** – Creating a compelling narrative that integrates data and community voices to clearly communicate the county’s health status.
- **Design and Dissemination** – Formatting the CHA for multiple audiences and sharing it widely with stakeholders and the public.
- **Evaluation** – Reviewing the process and outcomes to inform improvements for future assessments.

This structured approach ensures that the CHA is grounded in data, shaped by community perspectives, and aligned with local, state, and national health goals. It provides a roadmap for developing strategies that improve health outcomes and advance equity in Rowan County.

Theoretical Framework

Rowan County adopted the County Health Rankings population health model, developed by the University of Wisconsin Population Health Institute and supported by the Robert Wood Johnson Foundation, as our guiding framework. This model helps identify upstream factors that shape health outcomes and broadens the understanding of how all sectors of the community influence health. It also aligns with the Healthy NC 2030 State Health Improvement Plan and the national Healthy People 2030 objectives, creating opportunities to compare and connect local data with state and national goals. Locally, this framework provides a shared foundation for meaningful dialogue and purposeful collaboration with partners across multiple sectors, focusing on drivers of health that go beyond traditional healthcare or public health measures.



By using this model, Rowan County can set priorities that foster better health and quality of life for all residents, while also enabling targeted strategies for specific health outcomes or populations.

Comparisons and Targets

This report includes secondary data for Rowan County, as well as peer counties (Cabarrus, Davidson, Gaston, and Iredell) selected for their geographic proximity and demographic similarity to Rowan County.

Priority Health Needs

In May 2025, Rowan County Public Health, Healthy Rowan, Rowan County United Way and Novant Health Rowan Medical Center, in collaboration with the Rowan County CHNA steering committee, used

the primary and secondary data to identify the top health concerns in the county and select key priorities to focus on over the next few years.

Criteria based on the magnitude of the issues, severity of outcomes, disparities, community concern, and feasibility was used to determine the top three health priorities. As a result, Rowan County selected the following health issues on which to focus for 2025-2028:

Healthy Lifestyles

Healthy lifestyles are a cornerstone of overall community wellness, shaped by the environments where people live, work, and play. Access to preventive health services, such as regular checkups, screenings, and immunizations, enables early detection and intervention, often preventing more serious illness. Reliable access to nutritious, affordable foods supports healthy growth, development, and chronic disease prevention, while opportunities for regular physical activity—through parks, trails, recreation centers, and safe walking or biking routes—promote both physical and mental health. By creating environments that make healthy choices accessible, affordable, and supported by community norms, Rowan County can reduce the risk of chronic disease, improve quality of life, and help residents of all ages live longer, healthier lives.

Behavioral Health

Behavioral health—encompassing both mental health and substance use—is a critical priority for improving the overall well-being of Rowan County residents. Good mental health strengthens the ability to manage stress, maintain relationships, and participate fully in community life, while addressing substance use disorders helps prevent avoidable illness, injury, and death. When these challenges go untreated, the impacts ripple through every aspect of life, contributing to unemployment, housing instability, strained relationships, and physical health problems. Limited providers, long wait times, transportation challenges, and stigma often create barriers to care, making it essential to build a coordinated, accessible system of prevention, treatment, and recovery support. Strengthening behavioral health services not only improves individual outcomes but also supports stability in other areas that affect health—most notably housing.

Housing

Safe, livable, and affordable housing forms the foundation for both physical and mental well-being. Stable housing reduces exposure to health risks such as mold, pests, poor air quality, and unsafe structural conditions, while also providing a sense of security that supports emotional health. When housing is affordable, residents can better meet other essential needs, including nutritious food, medical care, and reliable transportation. In contrast, housing instability, overcrowding, and substandard living conditions can exacerbate stress, worsen health conditions, and increase the likelihood of negative outcomes like injury or disease. Addressing housing as a health priority allows Rowan County to tackle one of the root causes of health disparities and create conditions where residents can thrive—conditions that are further strengthened when healthy lifestyle opportunities are available and accessible.

Next Steps

Following the completion of the CHNA, partnering organizations—including Rowan County Public Health, Novant Health Rowan Medical Center, Rowan County United Way, and others—will begin aligning their strategies and resources to address the identified priority health areas. These organizations will work collaboratively to support the development of targeted interventions that reflect the needs and values of Rowan County residents. Central to this effort is the Community Health Improvement Plan (CHIP), which translates CHNA findings into actionable strategies. The Healthy Rowan Coalition will serve as the driving force behind this work, convening cross-sector partners to co-create CHIP Action Plans that are community-informed, measurable, and sustainable. These plans will guide implementation efforts and foster accountability across organizations. Progress will be tracked and shared with the public through an online CHIP scorecard, which will be updated annually in conjunction with the State of the County Health (SOTCH) report. This ensures transparency and allows community members to see how priority areas are being addressed and whether interventions are making a meaningful impact.

INTRODUCTION

Community Health Needs Assessment Overview

The CHNA is a comprehensive process undertaken by the local health department to identify and evaluate the health needs of the community it serves. This assessment is a foundational step in understanding the current health status, disparities, and determinants affecting residents, and it guides the development of strategies to improve population health outcomes.



The CHNA serves multiple purposes:

- **Informing Public Health Planning:** It provides data-driven insights that help prioritize health issues and allocate resources effectively.
- **Engaging the Community:** Through surveys, focus groups, and stakeholder interviews, the CHNA incorporates the voices and experiences of community members, ensuring that health initiatives are responsive and equitable.
- **Fulfilling Regulatory Requirements:** The CHNA meets state and federal mandates, including those outlined by the Internal Revenue Service (IRS) for nonprofit hospitals and public health accreditation standards.
- **Promoting Collaboration:** It fosters partnerships among healthcare providers, community organizations, local government, and residents to address complex health challenges collectively.

This report presents the findings of the CHNA conducted in 2025 for Rowan County, North Carolina. It includes an analysis of demographic and socioeconomic data, health outcomes, access to care, and social determinants of health. The assessment also highlights the community’s top health priorities and outlines recommendations for action.

By identifying the most pressing health needs and the factors contributing to them, this CHNA aims to support a healthier, more equitable future for all residents of Rowan County.

Engagement and Participation

Engagement strategies included widespread distribution of the Community Health Survey. Surveys were shared with all municipalities through local government channels and community partners, and mailers were sent to every church in the county to leverage trusted faith-based networks. The survey was also made available at community events, health fairs, and neighborhood gatherings, where volunteers and staff encouraged residents to share their perspectives. Additionally, digital outreach played a key role, with targeted social media campaigns and online platforms used to reach younger populations and those in rural or underserved areas. These efforts were designed to capture a wide range of voices, particularly from historically underrepresented groups, and to ensure that the CHNA reflected the diverse needs and experiences of the entire community.

In addition to collecting survey data, the Community Health Forum served as a cornerstone of public engagement for the CHNA process. Open to all Rowan County residents, the event was designed to promote transparency, education, and meaningful dialogue around local health issues. A key feature of the forum was a data walk, which presented local health statistics, trends, and disparities in a visually engaging and accessible format, allowing attendees to interact with the data and ask questions. Following the data walk, participants took part in facilitated focus groups aimed at gathering qualitative insights into the lived experiences, challenges, and priorities of community members. These conversations added depth to the quantitative findings and helped ensure that the CHNA was informed by both data and the voices of those most impacted.

Together, these engagement efforts reflect a deep commitment to community-centered assessment and decision-making. By combining quantitative data from surveys with qualitative insights from focus groups, expert presentations, and public forums, the CHNA process ensured that the voices of Rowan County residents were not only heard but actively shaped the identification of health priorities. This inclusive and transparent approach laid the groundwork for collaborative action, fostering trust among stakeholders, and empowering the community to take part in building a healthier, more equitable future for all.

COMMUNITY PROFILE

County History

Rowan County, established in 1753 from land previously part of Anson County, carries a rich historical legacy. It was named after Matthew Rowan, who served as Acting Governor of North Carolina from 1753 to 1754. Long before European settlement, the area was home to the Saponi and Catawba tribes. In the mid-1700s, German and Scottish-Irish settlers began populating the region, shaping its cultural and agricultural foundations. Today, Rowan County shares borders with Cabarrus, Davidson, Davie, Iredell, and Stanly counties and includes the municipalities of China Grove, Faith, Cleveland, Gold Hill, East Spencer, Granite Quarry, Spencer, Kannapolis, Landis, Rockwell, and Salisbury, the latter of which serves as the county seat and remains a central hub for governance and community life.

Geographic Description

Situated in the south-central region of North Carolina, Rowan County is part of the expanding Charlotte metropolitan area. Spanning approximately 514 square miles, the county features a blend of urban, suburban, and rural landscapes. Its rolling hills and temperate climate contribute to a diverse natural environment, while a well-connected network of highways and interstates facilitates access to neighboring counties and major cities. This geographic diversity plays a significant role in shaping the distribution of resources, accessibility to services, and health outcomes across the county.

Economy

Rowan County's economic landscape has evolved significantly over time. Historically, the textile industry was the backbone of the local economy, with major employers such as Salisbury Cotton Mill, Vance Cotton Mill, and Kesler Cotton Mill driving growth through the 20th century. However, the industry's decline culminated in the 2003 closure of Pillowtex Corporation, the largest textile shutdown in U.S. history, which resulted in the loss of over 700 local jobs. Today, Rowan County is classified as a Tier 2 county by the North Carolina Department of Commerce, indicating moderate economic distress. The economy is now more diversified, with healthcare, manufacturing, and retail trade as leading employment sectors. The Salisbury VA Medical Center is the county's largest employer, followed by Food Lion and the Rowan-Salisbury School System.

Demographics and Population Trends

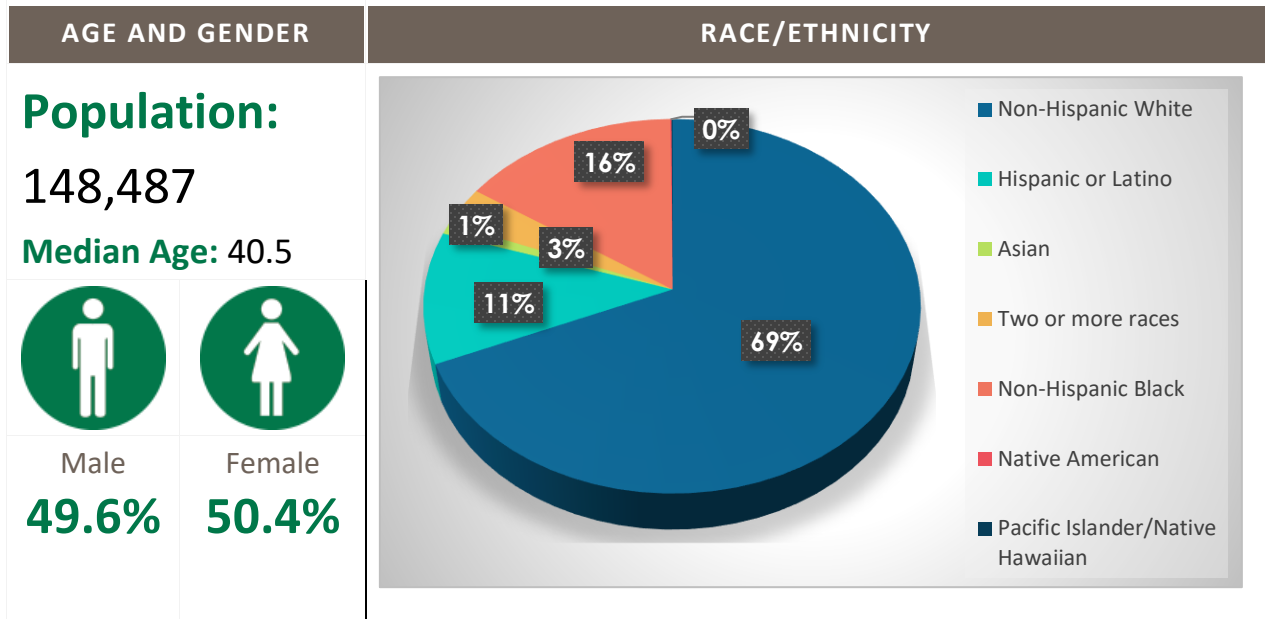
Rowan County's population stands at 146,875, with a nearly equal distribution of males (49.6%) and females (50.4%). The age breakdown reveals a balanced demographic, with 49.5% of residents under 40 and 50.5% aged 40 and older. Racial and ethnic diversity is evident, with White (Non-Hispanic) residents comprising 68.7% of the population, followed by Black or African American (Non-Hispanic) residents at 15.5%, and Hispanic or Latino residents at 11.3%. Smaller populations include Asian (1%), Native American and Pacific Islander/Native Hawaiian (both less than 1%), and individuals identifying as two or more races (3.4%).

Language use at home reflects this diversity: 89.1% of residents speak English, while 9.0% speak Spanish, 0.5% speak Asian or Pacific Island languages, and 1.4% speak other languages. Socioeconomic indicators highlight ongoing challenges. The 2023 unemployment rate was 5.11%, exceeding both state (4.03%) and national (4.31%) averages. Poverty affects 15.23% of the population, with particularly high rates among children aged 0–4 (29.6%) and Hispanic or Latino residents (30.92%). Black residents experience a poverty rate of 20.68%, compared to 11.18% among White residents and 26.94% among those identifying as two or more races.

Educational attainment is relatively strong, with 90.9% of adults aged 25 and older holding at least a high school diploma. However, only 24.8% have earned a four-year college degree, which is below both state (36.8%) and national (36.2%) averages.

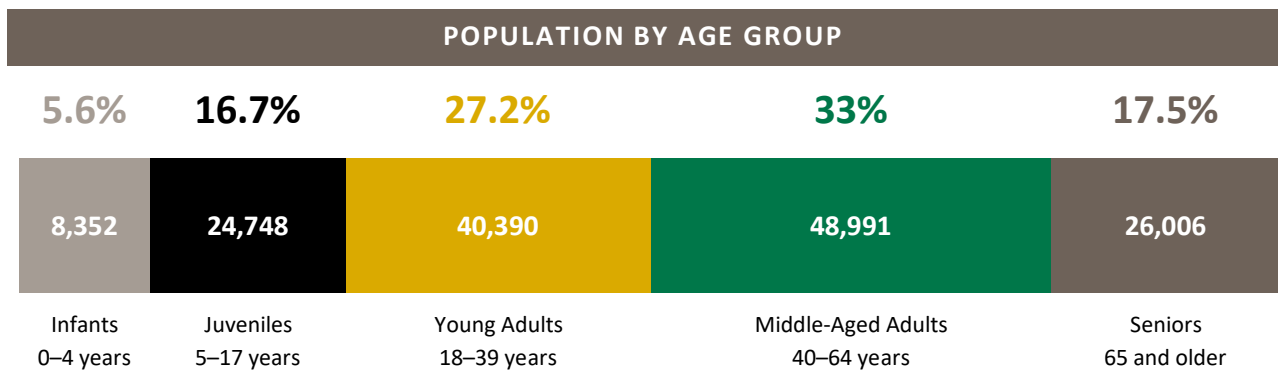
Health data reveals concerning trends in Rowan County. Between 2020 and 2022, the average life expectancy dropped to 72.7 years, down from 75.4 years in the 2017–2019 period. This measure is below the state average of 75.9 years and significantly lower than the Healthy North Carolina 2030 target of 82.0 years. Life expectancy varies by race and ethnicity: Hispanic or Latino residents have the highest average at 92.1 years, followed by White residents at 72.3 years and Black residents at 70.4 years.

Birth rates also vary significantly across racial and ethnic groups. In 2023, Rowan County recorded an overall birth rate of 55.44 births per 100,000 women. The Hispanic population had the highest rate at 134.47, slightly less than double that of White residents (78.13) and notably higher than Black residents (61.25). These demographic and health trends underscore the importance of tailored public health strategies and resource allocation.



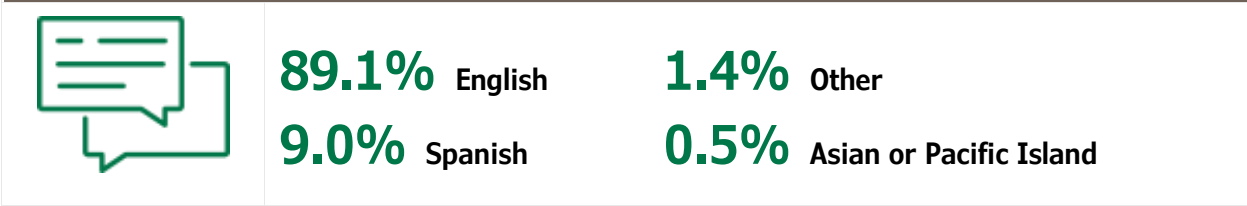
Race/Ethnicity	Population	Percent Population
White (Non-Hispanic)	101,680	68.7%
Black (Non-Hispanic)	22,892	15.5%
Hispanic or Latino	16,784	11.3%
Two or more races	5,022	3.4%
Asian	1,446	1%
Native American	149	<1%
Pacific Islander/Native Hawaiian	116	<1%

American Community Survey (ACS) U.S. Census Bureau, ACS: Table B01001; Decennial Census: Table P012



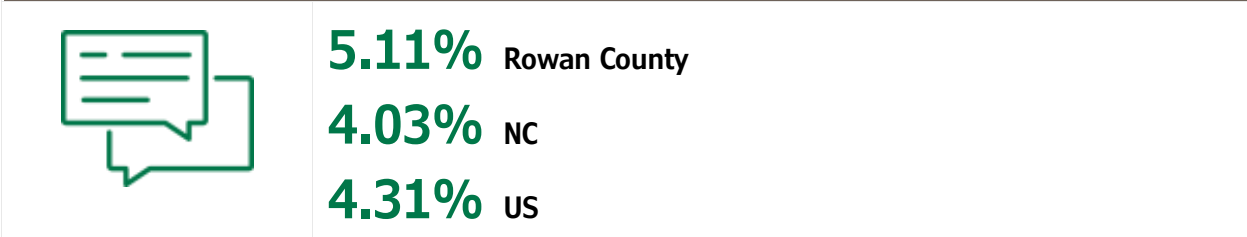
American Community Survey (ACS), U.S. Census Bureau, ACS: Table B01001; Decennial Census: Table P012

PRIMARY LANGUAGE AT HOME



Survey/Program: American Community Survey, 2023, Estimates: 1-year, Table ID: S1601

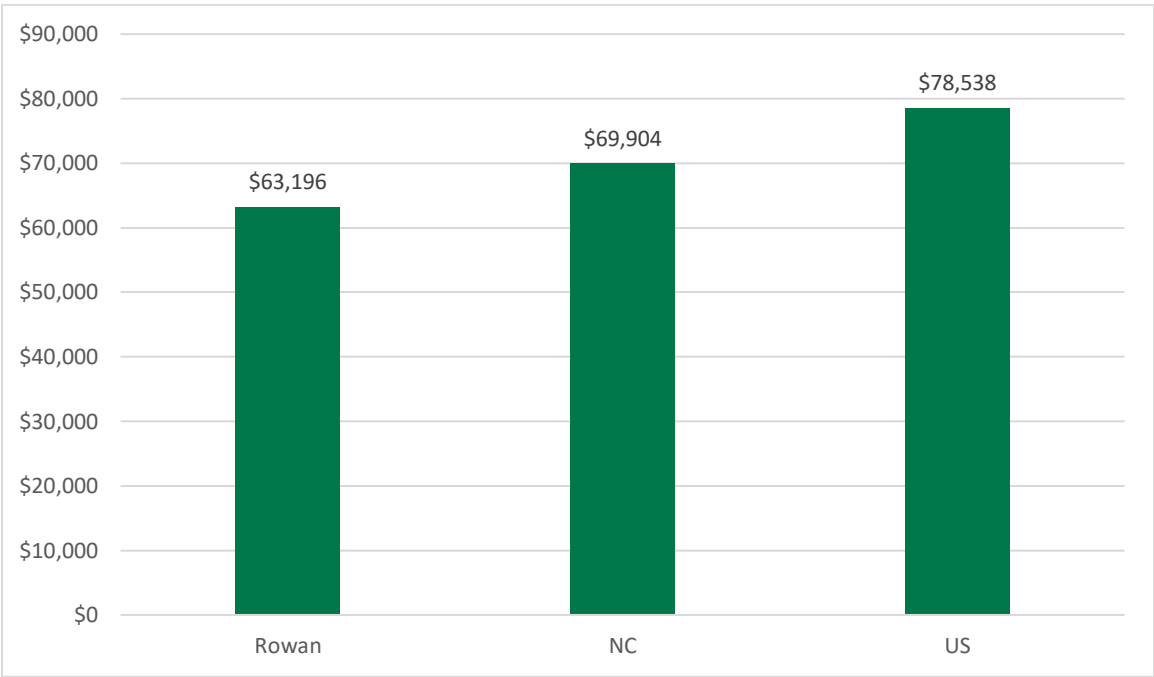
UNEMPLOYMENT (2023)





Percent of residents 16 and older in the civilian labor force who are actively seeking employment. American Community Survey (ACS), U.S. Census Bureau, Tables B23025, B23001, and C23002

MEDIAN HOUSEHOLD INCOME, 2019–2023

Rowan County’s median household income is **\$63,196**.



American Community Survey (ACS), U.S. Census Bureau, Table B19013

EDUCATION			
INDIVIDUALS 25+ WITH A HIGH SCHOOL DEGREE OR HIGHER		INDIVIDUALS 25+ WITH A 4-YEAR COLLEGE DEGREE OR HIGHER	
	90.9% Rowan County		24.8% Rowan County
	90.6% NC		36.8% NC
	89.8% US		36.2% US

American Community Survey, Year 2023, Estimates: 1-year, Table DP02

POVERTY	
Poverty by Age Group	
Full Population	15.23%
0-4	29.60%
5-17	20.94%
18-39	14.82%
40-64	12.10%
65+	10.95%
Poverty by Race/Ethnicity	
Hispanic or Latino	30.92%
Two or more races	26.94%
Black (Non-Hispanic)	20.68%
White (Non-Hispanic)	11.18%
Asian	10.77%
Pacific Islander/Native Hawaiian	5.83%
Native American	0.26%

American Community Survey (ACS), U.S. Census Bureau, Table B17001

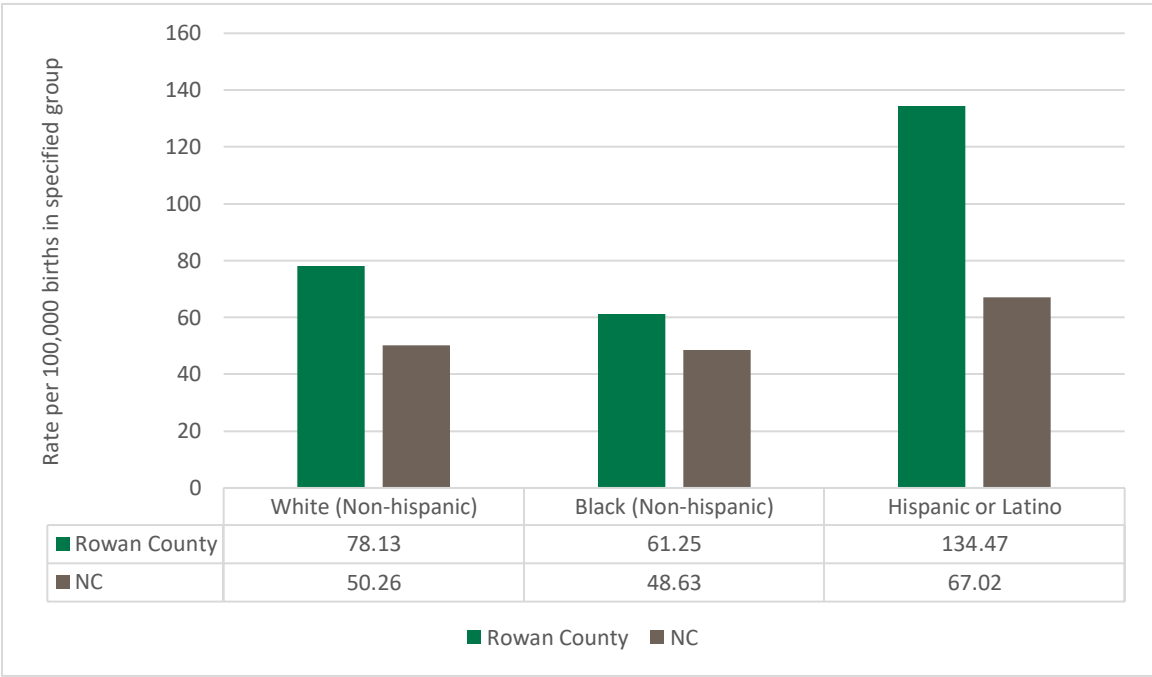
POPULATION TRENDS

Life Expectancy: 2020–2022

Rowan County 72.7	NC 75.9
72.3 White (Non-Hispanic)	76.2 White (Non-Hispanic)
70.4 Black (Non-Hispanic)	72.3 Black (Non-Hispanic)
92.1 Hispanic or Latino	84.6 Hispanic or Latino

Birth Rate: 2023

Rowan County 55.44 per 100,000	NC 51.40 per 100,000
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American Community Survey (ACS), U.S. Census Bureau, Table B13002

Health Disparities

Health disparities in Rowan County reflect broader systemic challenges. According to the National Institutes of Health, health disparities are preventable differences in health outcomes that disproportionately affect populations facing social, economic, and environmental disadvantages—often linked to race, ethnicity, and socioeconomic status.

In Rowan County, factors such as age, language barriers, chronic disease, disability, and veteran status contribute to disparities in physical, emotional, and social well-being. These conditions not only increase the risk for adverse health outcomes but also amplify vulnerability during public health emergencies. It is essential to approach these populations with empathy and equity, recognizing that vulnerability often stems from systemic inequities rather than individual shortcomings. Addressing these disparities requires a commitment to inclusive policies, culturally competent care, and community-driven solutions.

ASSESSMENT FINDINGS

Overview of Primary Data and Community Concerns

Surveys

Survey Methods

As part of the 2025 CHNA, the Community Health Survey was collaboratively developed by partners from the Rowan County Health Department, Healthy Rowan, Rowan County United Way, Novant Health Rowan Medical Center, and the Central Carolina Community Collaborative. The survey aimed to gather meaningful insights from Rowan County residents about their health experiences, needs, and priorities to inform strategic planning and guide future community health improvement efforts.

The survey consisted of 39 questions covering a wide range of health-related topics, including access to care, behavioral health, healthy lifestyles, and social determinants of health. To ensure inclusivity, it was translated into Spanish by Rowan County Health Department staff and made available in both digital and paper formats. The survey was open to all Rowan County residents aged 18 and older and was accessible from February 19 to April 11, 2025.

To promote broad and equitable participation, Healthy Rowan partners led a robust and collaborative outreach campaign. The survey was distributed through:

- School system communication channels, including parent portals
- Local municipality platforms, such as city websites and social media pages
- Community events, including health fairs and resource fairs
- Partner listservs and email networks, reaching healthcare providers, nonprofits, and advocacy groups
- Direct mailers sent to over 300 churches across Rowan County
- Healthcare sites, including Novant Health Rowan clinics, Community Care Clinic of Rowan, and Rowan County Public Health

Residents could access the survey via a QR code, direct URL, or request a printed copy. This multi-channel, community-driven approach ensured that the survey reached a diverse cross-section of Rowan County's population, including historically underserved groups, and reflected the county's commitment to equity and inclusion in health planning.

Participation and Analysis

A total of 1,303 surveys were collected from Rowan County residents aged 18 and older as part of the 2025 CHNA. Given that approximately 25.2% of the county's population was under 18 in 2023, the adult population was estimated at 111,068, making the survey sample roughly 1.17% of eligible residents. After data cleaning for completeness, age eligibility, and residency, statistical weighting was applied to better reflect the county's demographic makeup.

The survey results were first examined using univariate analysis, which looks at each question individually to understand general trends, such as how many respondents reported having access to healthcare, or how frequently certain health behaviors were practiced. This method helps identify the most common responses and overall patterns across the entire sample.

To gain deeper insights, bivariate analysis was also conducted. This approach compares responses between different groups, such as gender, race, ethnicity, or household income, to explore how health experiences and needs vary across the population. For example, it can reveal whether access to mental health services differs between income groups or if certain health challenges are more prevalent in specific racial or ethnic communities.

While these stratified findings were primarily used for internal planning and decision-making, they provided valuable context for understanding disparities and targeting future health interventions more effectively.

Results

The CHNA survey gathered extensive input from residents across various zip codes, with the highest representation from 28144 (30.6%). The age distribution leaned older, with 41.8% of respondents aged 65 and above. Racially, the majority identified as White (73.3%), followed by Black (16.5%) and Latino/a (5.3%).

Demographics:

- Most respondents owned their homes (49.2%)
- 40.0% were retired, and 36.8% were employed full-time
- 10.7% spoke a language other than English at home, with Spanish being the most common
- 52.3% had a college degree or higher
- Household income varied, with 17.5% earning \$50,000–\$74,999 and 11.7% earning \$100,000–\$149,999

Healthcare Access and Insurance:

- 92.0% had a regular doctor or clinic
- 71.0% had dental insurance, and 64.8% had vision insurance
- 23.5% delayed medical care in the past year, primarily due to cost (40.9%) and appointment wait times (23.9%)

Access to Fresh Produce was generally reported as easy (79.3%), though cost was a major barrier for those who found it difficult (77.0%).

Substance Use was low overall, with marijuana (5.1%) and tobacco (7.9%) being the most reported. Substance use in households rarely impacted daily activities (87.5% reported “never”).

Mental Health Access showed gaps: 23.5% needed treatment in the past year, but 40.4% of those were unable to access it. Barriers included cost (85.7%), lack of knowledge about services (85.7%), and cultural competency issues.

Transportation was a barrier for 7.7% of respondents, affecting access to medical care and other needs.

Emergency preparedness was moderate, with 52.3% feeling “somewhat prepared.”

Top Health-Related Challenges identified by respondents included:

- Mental health issues (40.5%)
- Access to affordable medication (35.8%)
- Substance use (34.2%)
- Obesity (33.7%)
- Access to health care (33.9%)

Key Community Issues highlighted were:

- Affordable and safe housing (51.7%)
- Access to affordable healthy food (38.7%)
- Safety or crime (38.2%)
- Access to affordable childcare (26.1%)

Respondents expressed a need for:

- Financial resources
- Affordable health care, food, and housing
- Mental health services
- Youth support programs
- Community engagement and safety improvements

Purpose and Use

The findings from the Community Health Survey directly informed the 2025 CHNA by identifying community priorities, service gaps, and opportunities for targeted interventions. These insights also supported the coalition’s efforts to update the 211 Community Resource Inventory, ensuring that residents have access to accurate, relevant, and equitable information about available services.

Focus Groups



To complement the quantitative findings from the Community Health Survey and ensure inclusive representation, Rowan County hosted a series of focus groups during the Rowan Community Health Forum on April 22, 2025. These sessions were designed to capture the lived experiences, challenges, and priorities of residents, particularly those from populations underrepresented in the survey data.

Focus Group Methods

Participants registered in advance and were intentionally sorted into five smaller groups based on sector affiliation, demographics, and geographic location. This approach ensured diverse representation and fostered meaningful dialogue across different community perspectives.

Each group began with a structured “data walk,” reviewing key findings from the CHNA survey alongside supplemental secondary data. This interactive experience encouraged participants to reflect on the data, identify gaps, and connect statistics to real-life community challenges. Following the discussions, participants engaged in a “head, heart, feet” activity, an exercise designed to capture what they learned (head), how the information impacted them emotionally (heart), and what actions they felt motivated to take (feet).

More than 49 individuals participated in the focus groups, contributing valuable qualitative insights. Key themes that emerged included:

- The urgent need for affordable housing
- The intergenerational impact of substance use
- Gaps in mental health services
- Systemic barriers such as transportation and fragmented care
- Concerns about equitable data representation, especially for young adults, rural residents, and Hispanic/Latino individuals

Results

The **Rowan Community Health Forum** focus groups provided valuable insights into the lived experiences and priorities of community members regarding health, housing, access, and substance use in Rowan County. Discussions revealed several key themes:

1. **Data Representation and Equity:** Participants expressed concern over the lack of diversity in the community's health survey data. The survey was seen as overrepresenting older, college-educated women and Salisbury residents, while underrepresenting young adults (18–25), men, rural populations, Hispanic/Latino residents, and uninsured individuals. Suggestions to improve future data collection included simplifying the survey, offering incentives, and distributing it in community-centered locations like barbershops, churches, and workplaces.
2. **Affordable Housing and Economic Stress:** Housing was identified as a foundational issue affecting health and stability. Focus group members highlighted the negative effects of gentrification, corporate ownership, and rental traps. There was strong support for solutions like community land trusts and transitional housing, especially outside Salisbury. While low-wage jobs were acknowledged as increasing employment, they were also seen as insufficient for securing safe, quality housing.

3. **Youth, Families, and Substance Use:** Substance use among youth was described as a growing crisis, rooted in family dynamics, environmental exposure, and unmet mental health needs. Participants noted the normalization of substance use across generations and the ease of access to vapes and THC products. Youth were seen as self-medicating due to trauma, bullying, and lack of coping tools, with schools unable to meet the scale of need alone.
4. **Mental Health and Health Literacy:** Mental health stigma and lack of early intervention were major concerns. Mental illness was often viewed as a “generational curse,” and participants called for improved mental health literacy among caregivers and educators. The need for accessible services, school-based behavioral support, and peer support specialists was emphasized, along with addressing barriers like long wait times and transportation.
5. **Systemic Gaps and Community-Led Solutions:** Participants identified systemic issues such as limited transportation, underfunded youth programs, fragmented care, and misinformation. They advocated for a systems-level approach to community health, emphasizing multi-sector collaboration and co-designed solutions. Community spaces like schools, libraries, and gardens were seen as untapped resources for promoting wellness and engagement.

Purpose and Use

The focus groups served a dual purpose: validating existing data and uncovering nuanced, community-specific concerns that may not be captured through traditional survey methods. Key themes that emerged included the urgent need for affordable housing, the intergenerational impact of substance use, gaps in mental health services, and systemic barriers such as transportation and fragmented care. Participants also highlighted the importance of equitable data representation, noting the underrepresentation of young adults, rural residents, and Hispanic/Latino individuals in the broader CHNA survey.

These insights will directly inform the development of the Community Health Improvement Plan (CHIP), ensuring that strategies are responsive to real community needs and grounded in equity. By incorporating focus group findings into the CHNA, Rowan County is taking a holistic approach to understanding health—one that values both data and dialogue. These community-centered conversations will continue to shape priority-setting, strategy development, and collaborative action across sectors.

Community Concerns

Community members across Rowan County expressed a wide range of concerns that reflect both health challenges and broader community challenges. The most pressing issue identified was access to affordable and safe housing, with over half of survey respondents (51.7%) citing it as a top concern—an issue echoed strongly in focus group discussions, where housing instability was linked to economic stress and mental health. Mental health issues (40.5%), access to affordable medication (35.8%), and substance use (34.2%) were also prominent health concerns, underscoring the need for expanded behavioral health services and early intervention strategies. Participants highlighted the intergenerational nature of substance use and the lack of mental health literacy and support systems,

particularly for youth and families. Additional concerns included access to affordable healthy food (38.7%), safety and crime (38.2%), and access to childcare (26.1%), all of which point to systemic gaps in community infrastructure. Transportation barriers, limited employment opportunities, and aging-related issues further compound these challenges. Focus group participants emphasized the importance of addressing these concerns through community-led, multi-sector solutions that promote equity, improve access, and foster long-term health and stability for all residents.

WellCare- Health Empowerment Zones

The information collected through the 2025 CHNA informed the direction taken in the implementation of the WellCare Health Empowerment Zone project by identifying three communities as areas experiencing the deepest and most interconnected barriers to health. These “Health Empowerment Zones” include the towns of Spencer, East Spencer, and the West End Community of Salisbury. The CHNA data showed consistently high needs in behavioral health, housing, and healthy lifestyle initiatives, as well as systemic challenges such as transportation gaps, affordability pressures, and fragmented services.

To better understand the root causes behind these disparities and design targeted strategies, Rowan County Public Health collected additional community-driven data through surveys, focus groups, and outreach within each zone. This process illuminated several shared themes across all three areas priority health areas including:

- Rising housing costs and poor housing conditions
- Behavioral health stigma and limited crisis support
- Visible substance uses and gaps in recovery access
- Food access shaped by cost
- Transportation
- Awareness of community resources
- Lack of safe or accessible places for physical activity

At the same time, zone-specific insights added nuance:

- East Spencer residents emphasized safety and community cohesion but described acute gaps in crisis stabilization, food affordability, and primary care access.
- Spencer participants highlighted aging housing stock, misaligned transit routes, and visible substance use impacting neighborhood safety.
- West-End residents identified housing quality issues such as mold and lead, the need for coordinated behavioral health response teams, strong local food resources undermined by poor communication, and limited green spaces.

These insights guided the Health Empowerment Zone project toward neighborhood-driven solutions, stronger resource navigation and coordination, expanded behavioral health supports, healthier and safer housing conditions, and accessible food and wellness programs designed to reduce disparities and improve community well-being.

Overview of Secondary Data

Overall, Rowan County’s health outcomes are comparable to the average county in North Carolina and exceed those of the average county across the nation (County Health Rankings & Roadmaps, Rowan County, NC, 2024).

Before exploring the data around the identified health priorities in the following sections, it is important to understand that people’s circumstances, including the societal barriers they repeatedly face, shape a person’s health, and it is not always the individual choices a person makes. In fact, nearly 70 percent of a community’s health is determined by factors beyond health behaviors, such as where someone lives, works, plays, and learns (County Health Rankings & Roadmaps, 2014). These factors—often referred to as the social determinants or drivers of health—include socioeconomic status, access to education, housing, food security, environmental conditions and policies that shape institutions and society.

As you look at the data in the next sections, it is important to remember that these issues are connected to many social and environmental factors that impact people’s health.

Metopio



The Central Carolina Community Collaborative has a contract with Metopio to provide an internet-based data resource for their hospitals, accessible via <https://cccc.metop.io>. This robust platform offers curated data from both public and proprietary sources, covering a wide range of topics including health behaviors and risks, health outcomes, health care utilization, demographics, and community-level drivers of health such as economic, housing, employment, and environmental conditions. Data for each indicator is presented by race, ethnicity, and gender when available, allowing for deeper insights into disparities and equity. All data collected through Metopio is quantitative and includes comparisons across county, state (North Carolina), and national levels. The Metopio Atlas also serves as an interactive tool for community members and stakeholders to explore and visualize secondary data. It supports analysis across various dimensions, including geographic comparisons, trend analysis over time, disaggregated demographic data, and dynamic visualizations that enhance interpretation and storytelling. This makes it an essential resource for identifying disparities, tracking progress, and informing strategic planning.

Themes and Graphs

Theme: Socio-Economic Factors

Rowan County’s socioeconomic landscape is shaped by a mix of progress, persistent disparities, and structural challenges that influence health, education, and quality of life. At the heart of this landscape is the county’s economy, anchored by several major employers that not only provide jobs but also serve as pillars of community stability.

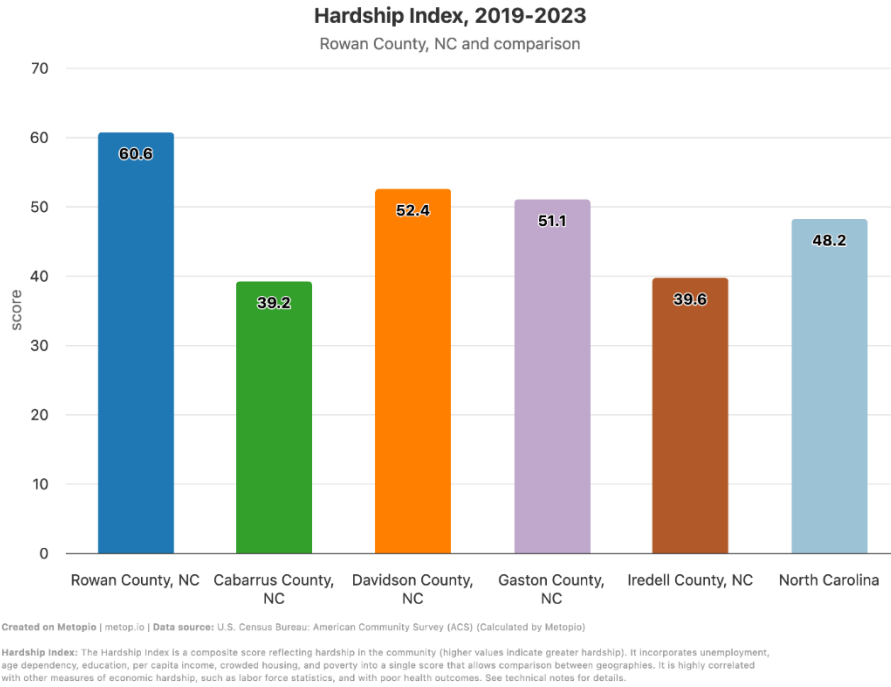
The VA Medical Center, Rowan County’s largest employer, supports 3,908 jobs, followed by Ahold Delhaize Food Lion (3,160 employees) and Rowan-Salisbury Schools (2,410 employees). Other key employers include Daimler Truck North America (2,169), Novant Health Rowan Medical Center (1,560),

and Chewy, a growing e-commerce distribution center with 870 employees. These organizations do more than offer paychecks—they provide health insurance, retirement plans, and other benefits that promote financial security, access to healthcare, and long-term resilience for families. Their presence also fuels local economic growth, educational partnerships, and workforce development, laying the groundwork for a healthier, more stable community.

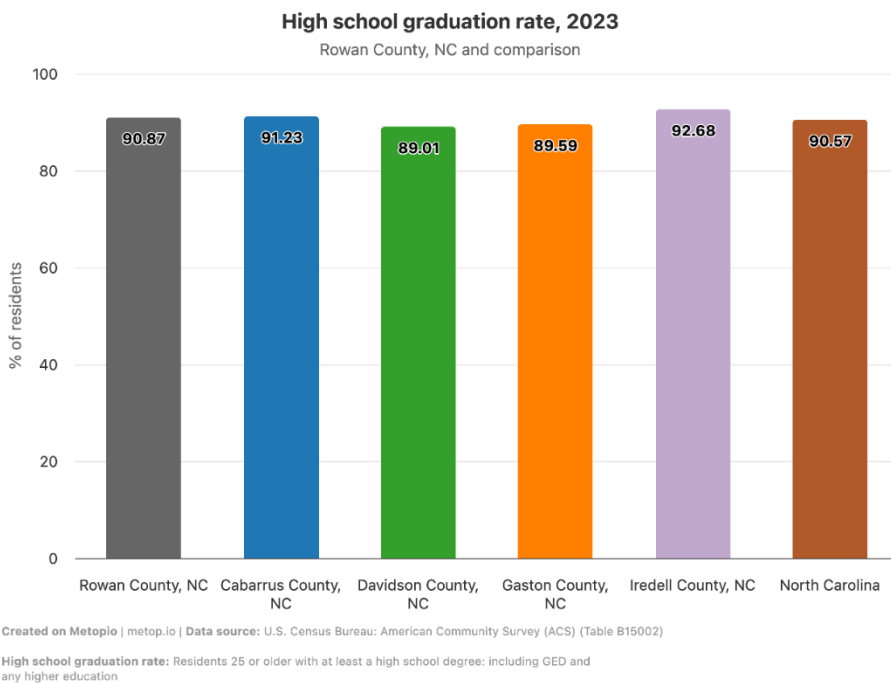
10 Largest Employers in Rowan County, 2025 (Rowan County Economic Development)

	Employers	Number of Employees	Industry
1	VA Medical Center	3,908	Health Services
2	Ahold Delhaize Food Lion	3,160	HQ/ Call Center/ Distribution/ Retail
3	Rowan Salisbury Schools	2,410	Education
4	Daimler Truck North America	2,169	Truck Manufacturing
5	Novant Health Rowan Medical Center	1,560	Health Services
6	Rowan County	883	Municipal Government
7	Chewy	870	Distribution/Warehousing/Ecommerce
8	Teijin Automotive	480	Auto Component Manufacturing
9	Rowan Cabarrus Community College	400	Education
10	Clayton Rockwell Homes	320	Manufactured Home Manufacturing

Despite these economic anchors, Rowan County faces significant challenges. The Hardship Index score of 60.6—the highest in the region—reflects elevated levels of unemployment, poverty, and housing stress, all of which are strongly linked to poor health outcomes. Compared to neighboring counties like Cabarrus (39.2) and Iredell (39.6), Rowan’s score signals a need for targeted interventions to reduce hardship and improve community well-being.

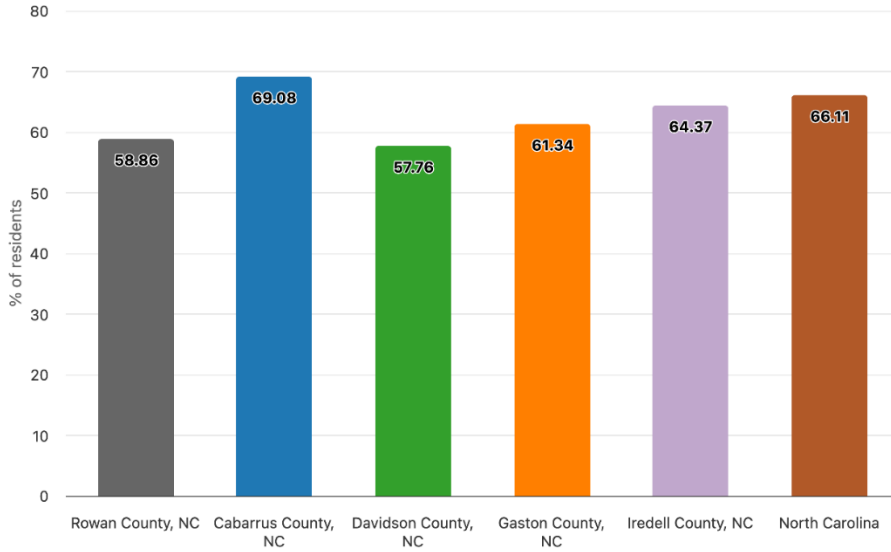


Educational attainment is a key factor in economic mobility. In 2023, 90.9% of residents aged 25 and older had at least a high school diploma, slightly above the state average. However, only 58.9% had some level of higher education, and just 24.8% held a bachelor’s degree or higher—well below state and regional averages. Disparities persist across race and gender, with Hispanic or Latino residents (7.5%) and men (23.4%) trailing behind. These gaps highlight the need for expanded access to postsecondary education, career training, and support for underserved populations.



Any higher education rate, 2023

Rowan County, NC and comparison

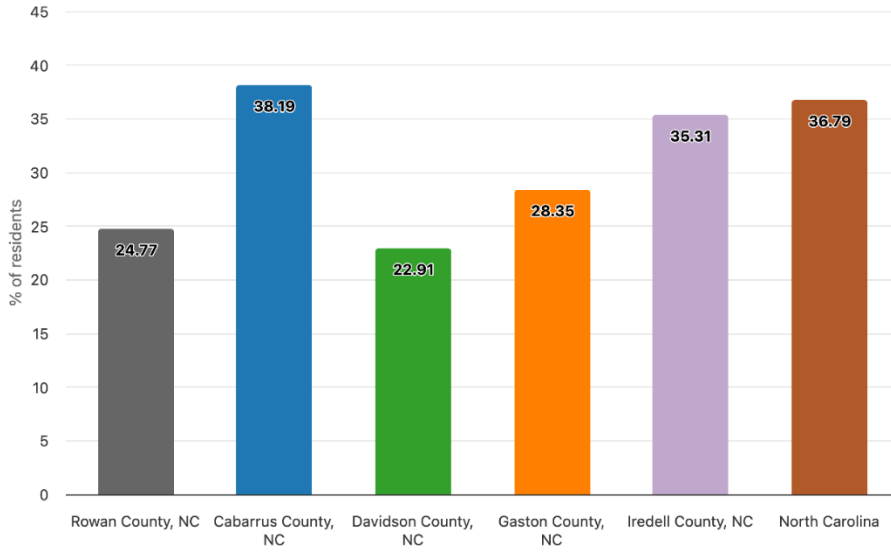


Created on Metopio | metop.io | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B15002)

Any higher education rate: Residents 25 or older with any post-secondary education, including less than 1 year

College graduation rate, 2023

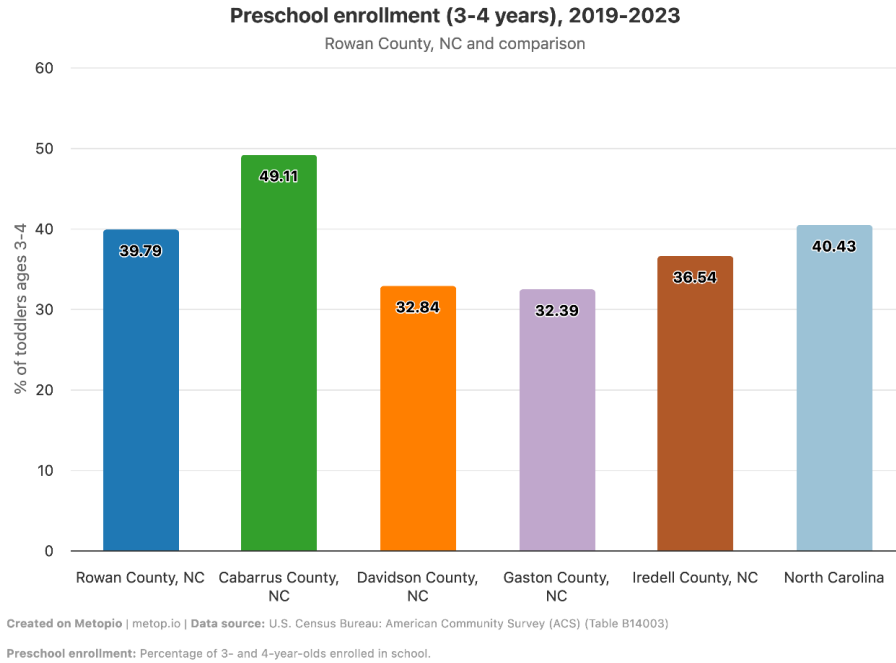
Rowan County, NC and comparison



Created on Metopio | metop.io | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B15002)

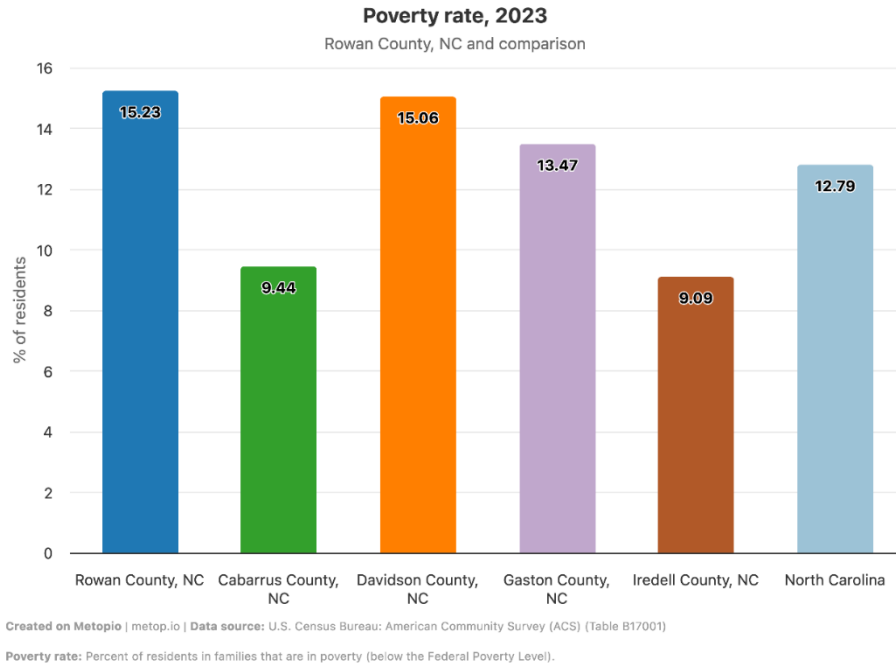
College graduation rate: Residents 25 or older with a four-year college (bachelor's) degree or higher

Early education is also under strain. Preschool enrollment for children ages 3–4 dropped dramatically from 73.3% in 2019 to 22.9% in 2023, likely due to childcare shortages, affordability issues, and pandemic-related disruptions. This decline may have long-term consequences for school readiness and academic achievement.



In third-grade reading, Rowan County students scored an average of 2.8, below the state average of 3.1. Racial disparities are evident: White students (3.1) scored highest, while Black students (2.1) and Hispanic or Latino students (2.5) lagged behind. These gaps underscore the need for early literacy programs and targeted academic support.

Poverty remains a pressing issue. In 2023, 15.23% of residents lived below the federal poverty level, with children under 5 (29.60%) and women (16.93%) most affected. Additionally, 33.27% of residents lived below 200% of the poverty level, indicating widespread economic vulnerability. These figures are higher than the state average and most neighboring counties, reinforcing the need for comprehensive anti-poverty strategies.

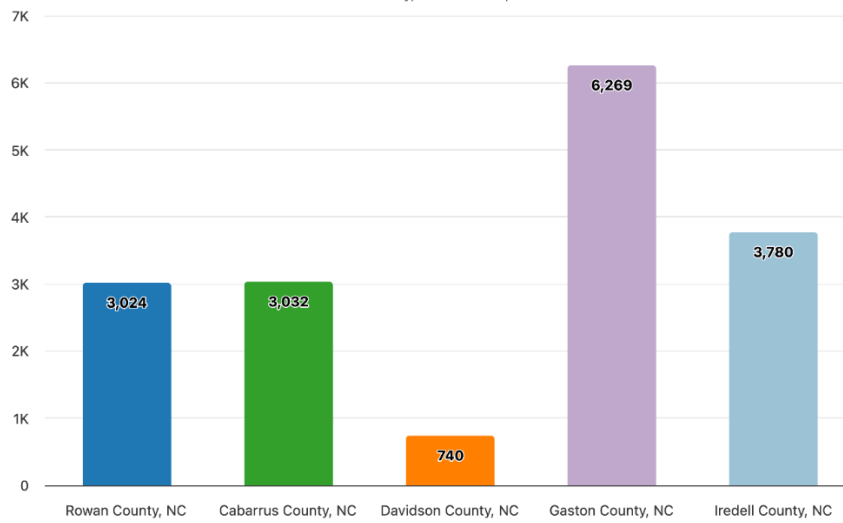


Labor force participation in Rowan County was 61.45% in 2023, slightly below the state average. Participation is highest among young adults (75.65%), but gender gaps persist, with 66.48% of males participating compared to 56.56% of females.

Seniors face additional challenges, with 28.08% living alone, a rate above the state average, raising concerns about isolation, access to care, and support services.

Finally, community safety is a critical concern. Rowan County reported 3,024 index crimes in 2023, placing it among the higher-crime areas in the region. Property crime was especially high at 524.0 per 100,000 residents, nearly double the rate in Cabarrus. Violent crime was also elevated at 305.7 per 100,000, suggesting the need for violence prevention, community policing, and youth engagement programs.

Index Crime (NC), 2023
Rowan County, NC and comparison

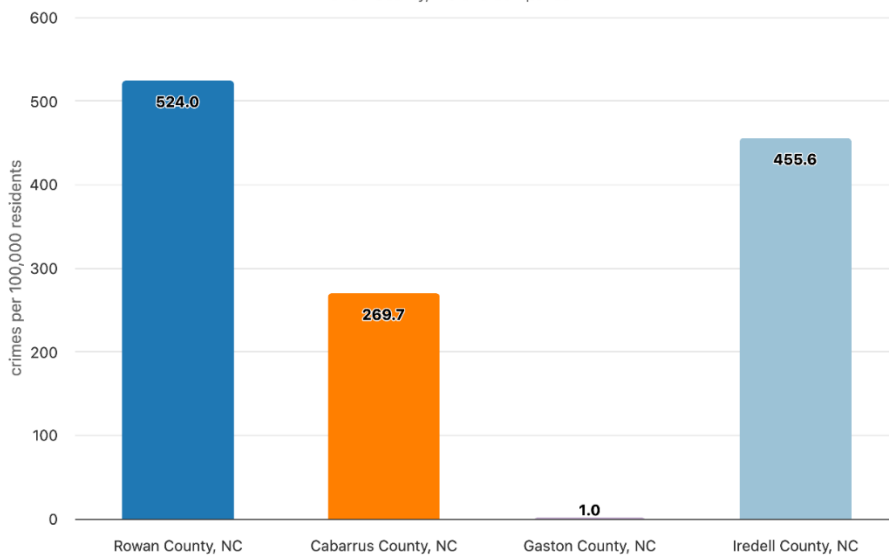


Created on Metopio | metop.io | Data source: North Carolina State Bureau of Investigation (NCSBI)

Index Crime (NC): Index crime refers to the total of both violent and property crimes. Violent crime includes murder, forcible rape, robbery, and aggravated assault. Property crime includes burglary, larceny, and motor vehicle theft. Arson is considered an index crime but is not included in the crime index tables

Property crime, 2023

Rowan County, NC and comparison

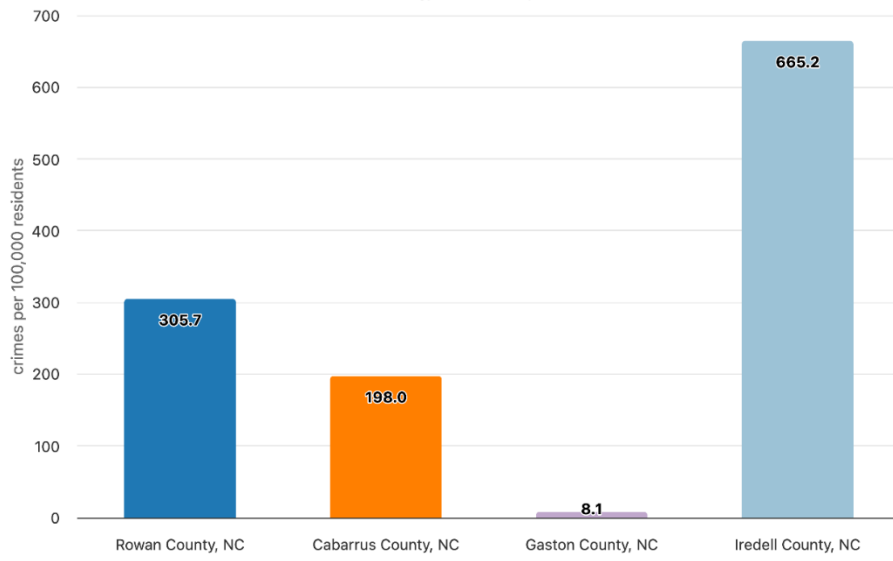


Created on Metopio | metop.io | Data source: Federal Bureau of Investigation: FBI Crime Data Explorer

Property crime: Property crimes (yearly rate). Includes burglary, larceny, motor vehicle theft, and arson crimes.

Violent crime, 2023

Rowan County, NC and comparison



Created on Metopio | metop.io | Data source: Federal Bureau of Investigation: FBI Crime Data Explorer

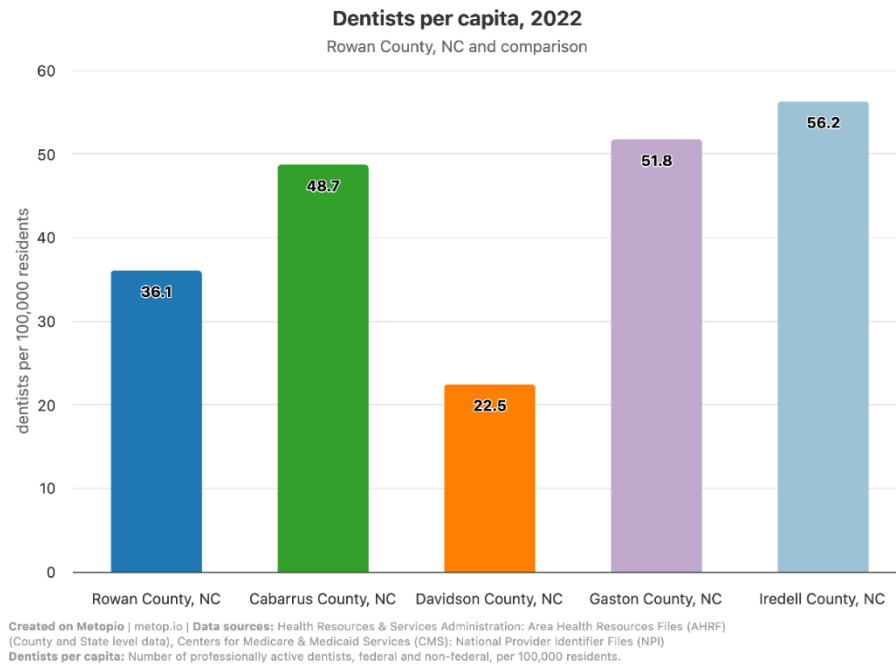
Violent crime: Crimes related to violence (yearly rate). Includes homicide, criminal sexual assault, robbery, aggravated assault, and aggravated battery.

Theme: Access to Care

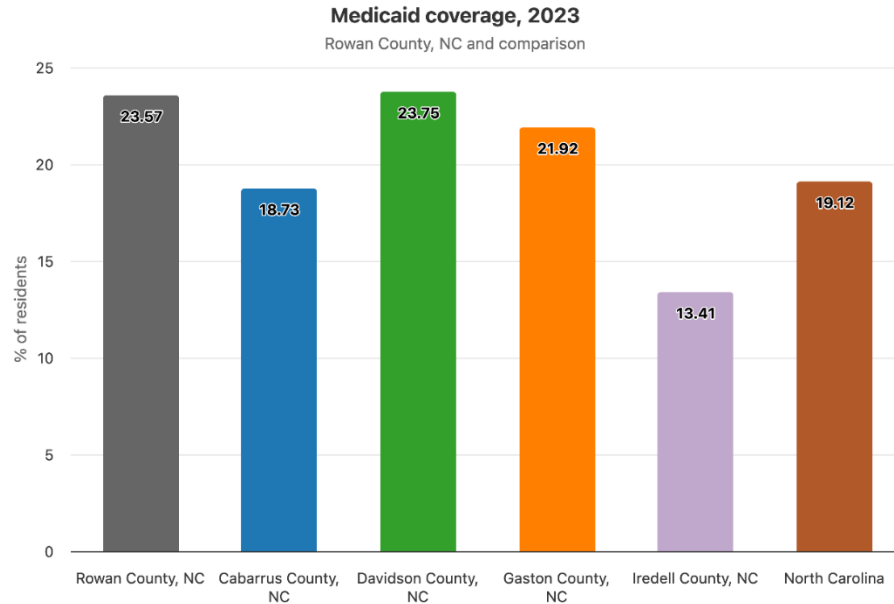


In Rowan County, access to healthcare remains a pressing challenge, shaped by provider shortages, insurance disparities, and infrastructure gaps. These barriers are especially evident in dental and primary care services, where the county consistently ranks below state and regional averages.

Dental care access is particularly strained. With only 36.1 dentists per capita in 2022, Rowan County has the second lowest ratio among comparable counties. Even more concerning is that only a limited number of these providers accept Medicaid, creating significant obstacles for residents who rely on public insurance—especially children and those needing specialized services like pediatric dentistry or orthodontics.



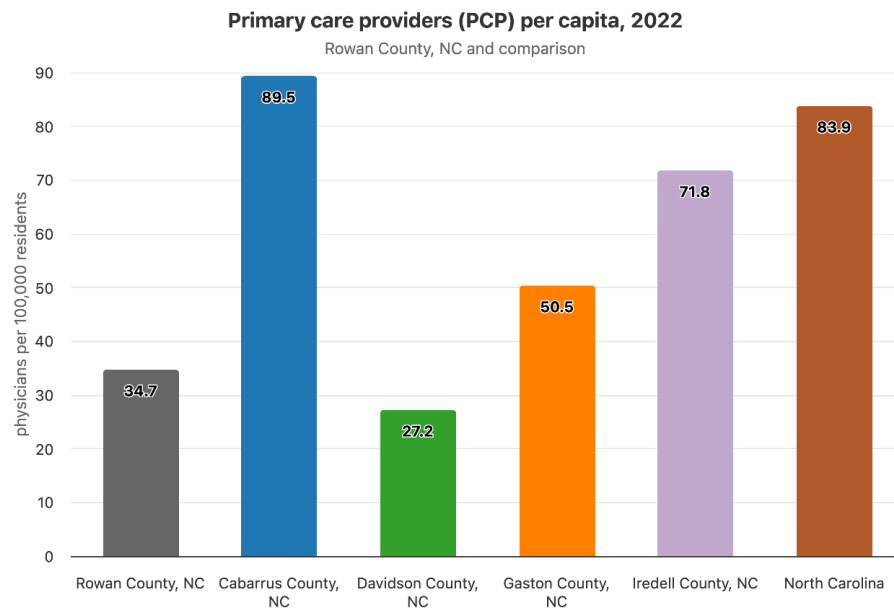
This issue is compounded by Rowan County’s high Medicaid enrollment. In 2023, 23.57% of residents were covered by Medicaid, well above the North Carolina average of 19.12% and neighboring counties like Cabarrus (18.73%) and Iredell (13.41%). Among children ages 0–17, nearly half (48.48%) were enrolled, underscoring the critical role Medicaid plays in ensuring access to care for the county’s youngest residents. The Medicaid expansion in December 2023 likely increased eligibility and enrollment further, amplifying demand for services that are already in short supply.



Created on Metoplo | metop.io | Data source: U.S. Census Bureau: American Community Survey (ACS) (Tables S2704, S2701, and B27010)

Medicaid coverage: Percent of residents covered by Medicaid, a state-administered health insurance program for residents meeting certain income limits and other eligibility standards that vary by state.

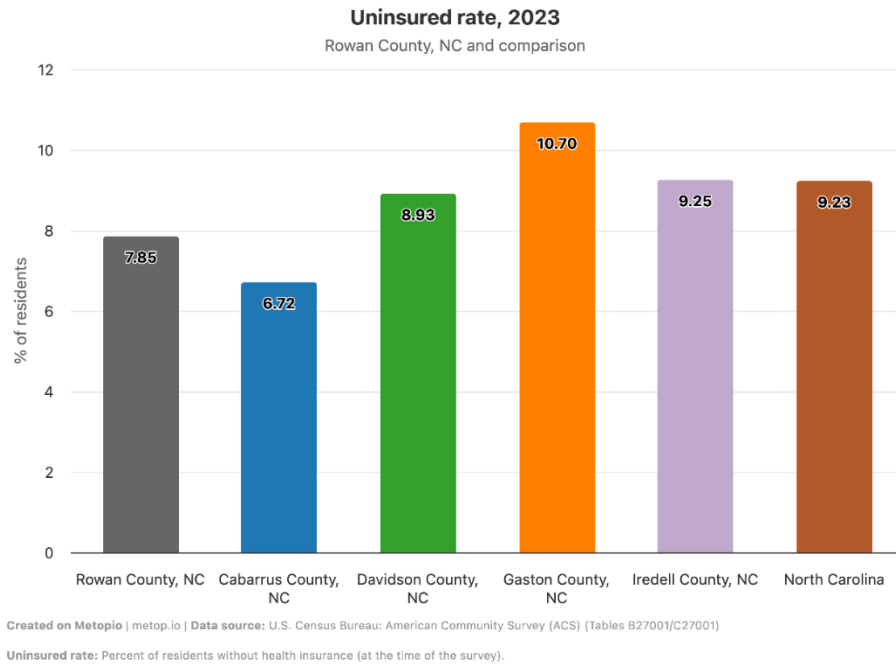
Primary care access tells a similar story. In 2022, Rowan County had just 34.7 primary care physicians per 100,000 residents, far below the state average of 83.9 and neighboring counties like Cabarrus (89.5) and Iredell (71.8). This shortage spans general practice, internal medicine, OB/GYN, and pediatrics, making it difficult for residents to receive timely preventive and routine care. As a result, many turn to emergency departments for non-emergent issues, and chronic conditions often go unmanaged—contributing to poorer health outcomes across the community.



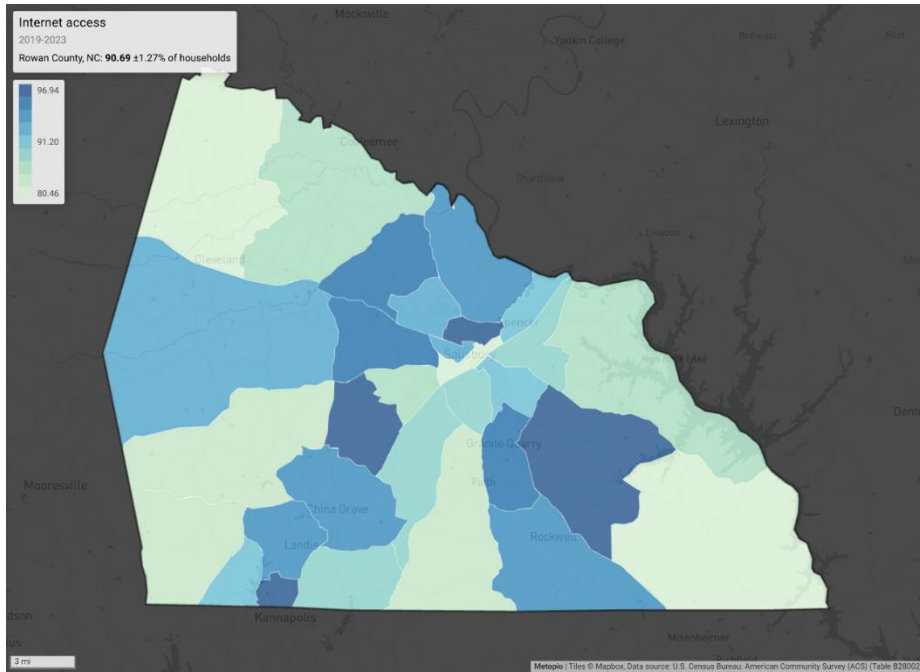
Created on Metoplo | metop.io | Data source: Health Resources & Services Administration: Area Health Resources Files (AHRF) (County and State level data)

Primary care providers (PCP) per capita: Number of physicians in primary care (general practice, internal medicine, obstetrics and gynecology, or pediatrics) per 100,000 residents. Includes hospital residents. Excludes federal physicians and physicians age 75 or older.

While Rowan County’s uninsured rate of 7.85% is slightly better than the state average, disparities persist. Adults ages 40–64 and 18–39 face the highest rates of uninsurance, at 14.17% and 11.82%, respectively. Children under 18 fare better, with only 1.36% uninsured, thanks in part to Medicaid coverage. However, racial and ethnic disparities are stark: 18.59% of Hispanic or Latino residents are uninsured, compared to 6.55% of White residents and 6.97% of Black residents. These gaps reflect systemic barriers to coverage for working-age adults and marginalized communities.



Digital access, a growing component of healthcare delivery, also presents challenges. In 2023, 93.37% of Rowan County households had internet access—slightly below the state average of 94.28% and neighboring counties like Cabarrus (96.38%) and Iredell (95.31%). While overall connectivity is high, some areas within the county report rates as low as 86.46%, limiting access to telehealth services, online health education, and digital employment opportunities.

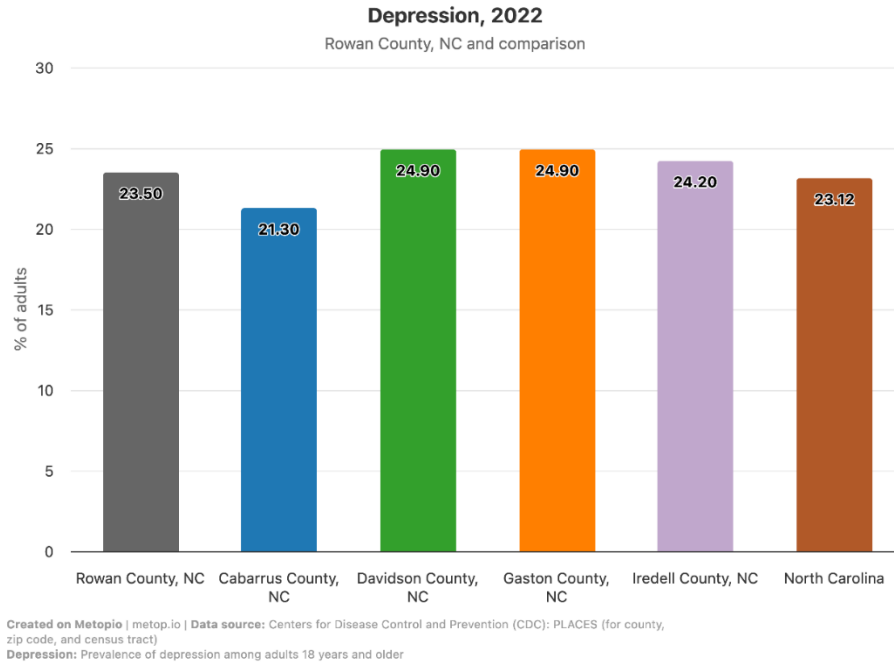


Theme: Behavioral Health

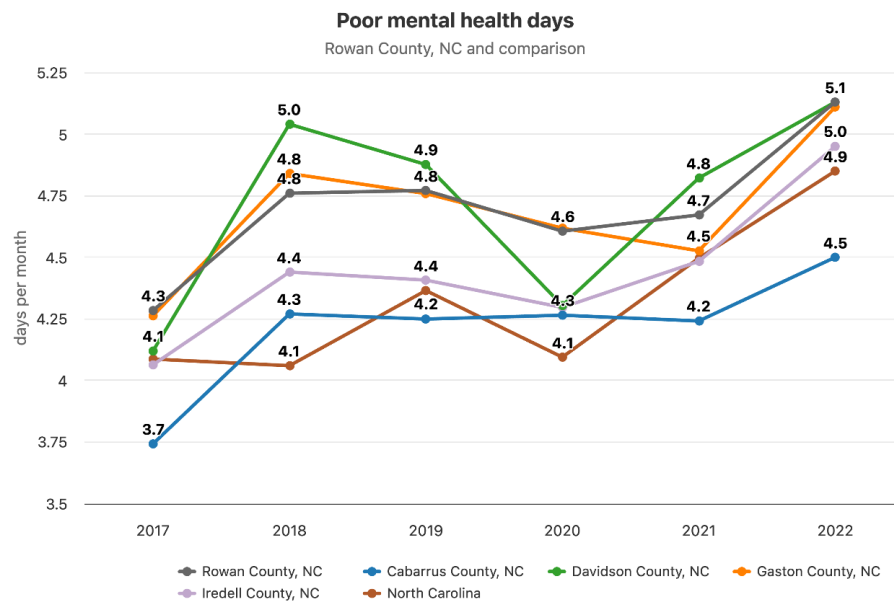


Access to behavioral health services in Rowan County is a growing concern, as data reveals troubling trends in mental health, substance use, and injury-related mortality. These challenges are compounded by provider shortages and systemic barriers that limit timely care and support for residents.

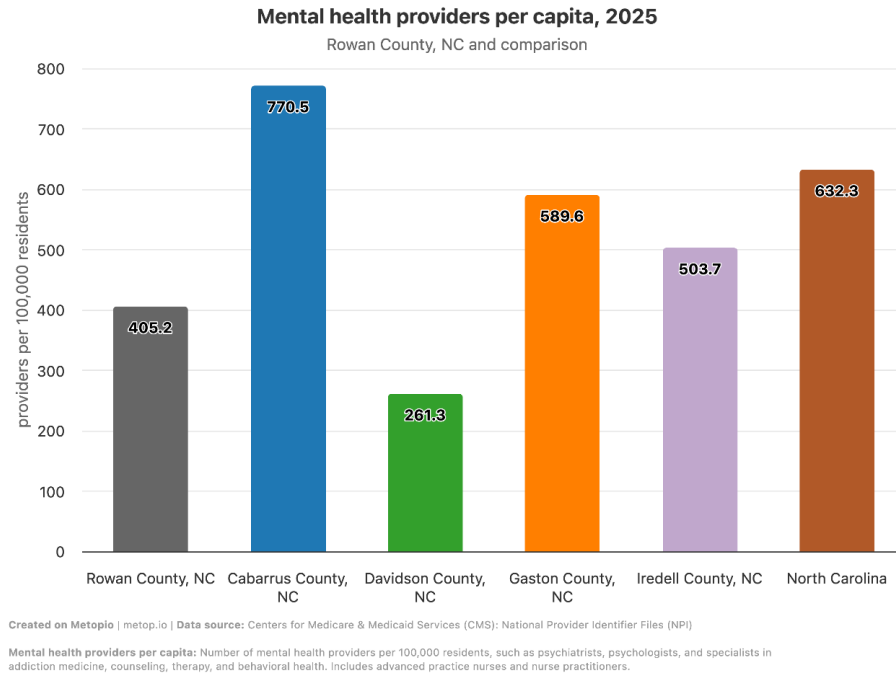
In 2022, 23.5% of adults in Rowan County reported experiencing depression—slightly higher than the North Carolina average of 23.12% and above neighboring Cabarrus County (21.3%). This elevated rate signals a need for robust mental health services and community-based interventions to address behavioral health challenges.



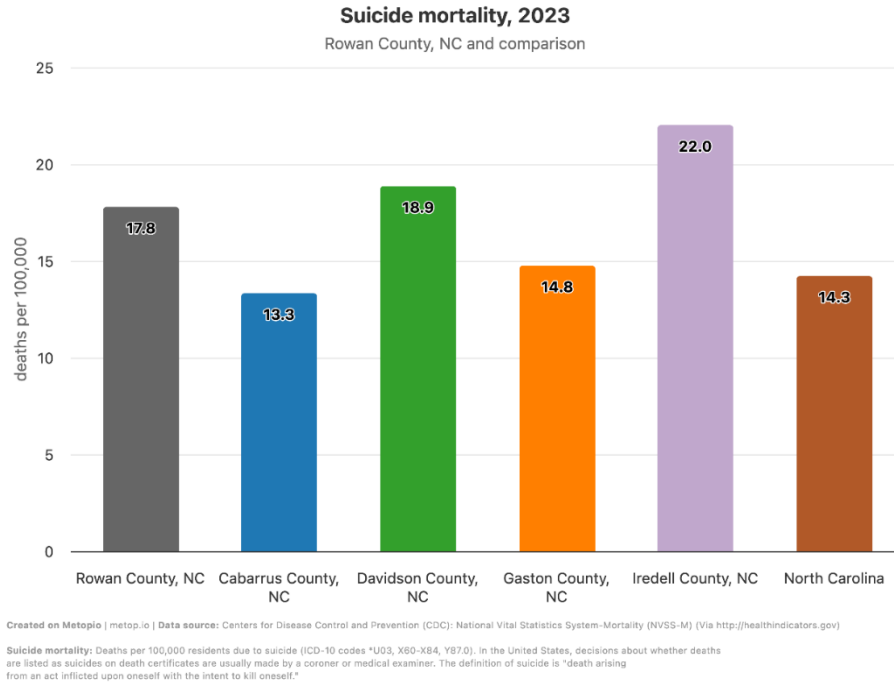
The burden of poor mental health is further reflected in the average of 5.1 poor mental health days per month reported by residents in 2022, compared to 4.9 days statewide. From 2017 to 2022, this measure fluctuated, with a dip in 2020 followed by a sharp increase—likely tied to the COVID-19 pandemic, which brought heightened stress, isolation, and disruption to daily life.



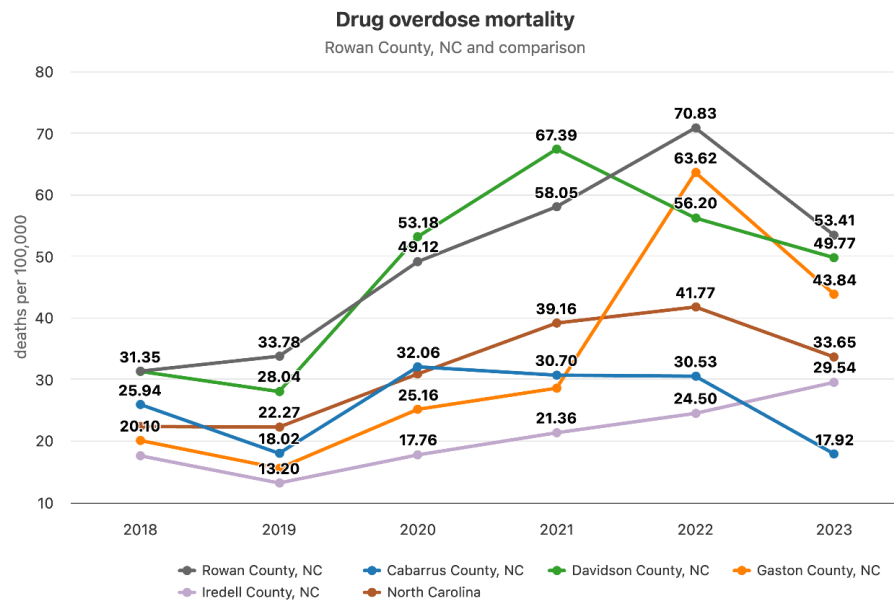
Despite these needs, Rowan County faces a significant shortage of mental health providers. In 2025, the county had 405.2 providers per 100,000 residents, far below the North Carolina average of 632.3 and neighboring Cabarrus County (770.5). This figure includes professionals such as psychiatrists, psychologists, addiction specialists, and counselors. However, many are affiliated with the Salisbury VA Medical Center, which serves veterans exclusively—meaning access for the general population is even more limited.



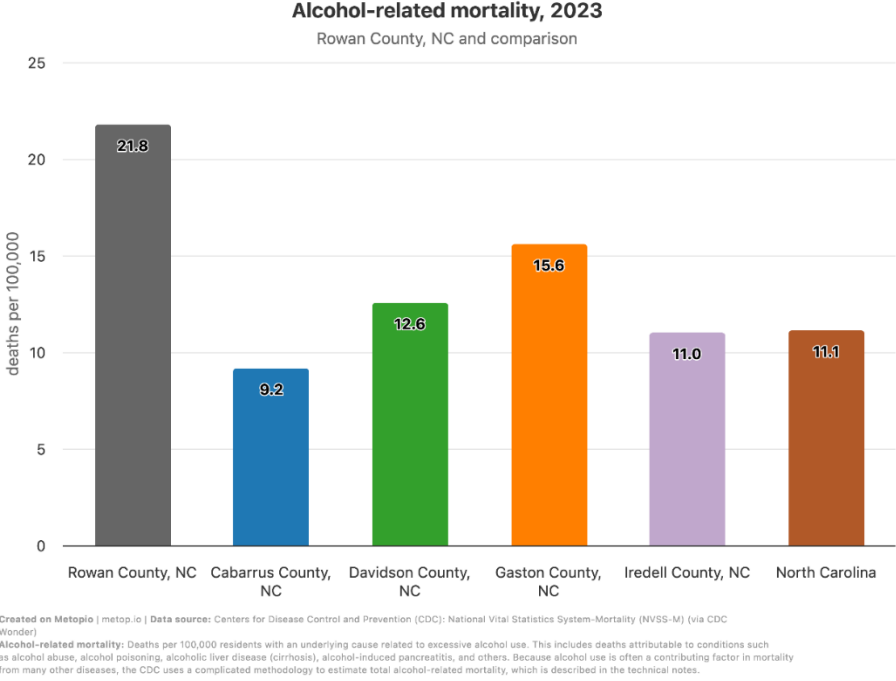
The consequences of these gaps are stark. In 2023, Rowan County’s suicide mortality rate reached 17.8 deaths per 100,000 residents, exceeding the state average of 14.3 and neighboring counties like Cabarrus (13.3). White residents experienced the highest rates, peaking at 30.7 deaths per 100,000 in 2022 before declining to 22.2 in 2023. Age-specific data from 2019–2023 shows older adults (65+) were most affected, followed by adults ages 18–39 and 40–64. These trends underscore the urgent need for targeted suicide prevention strategies and expanded mental health resources, particularly for high-risk populations.



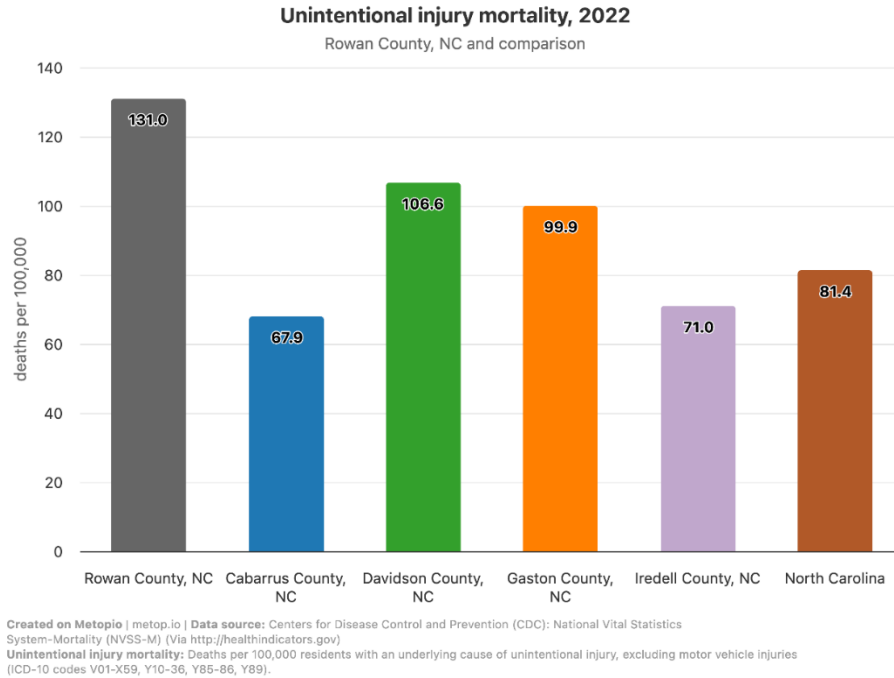
Substance use is another critical issue. In 2023, Rowan County reported a drug overdose mortality rate of 53.41 deaths per 100,000 residents, with the highest rates among adults ages 18–39 (153.46) and 40–64 (144.70). Males and Black residents (72.59) were disproportionately impacted. Although overdose deaths peaked in 2022 and declined slightly in 2023, the numbers remain alarming. The opioid settlement has since provided resources for prevention, treatment, and recovery, offering hope for reversing this trend.



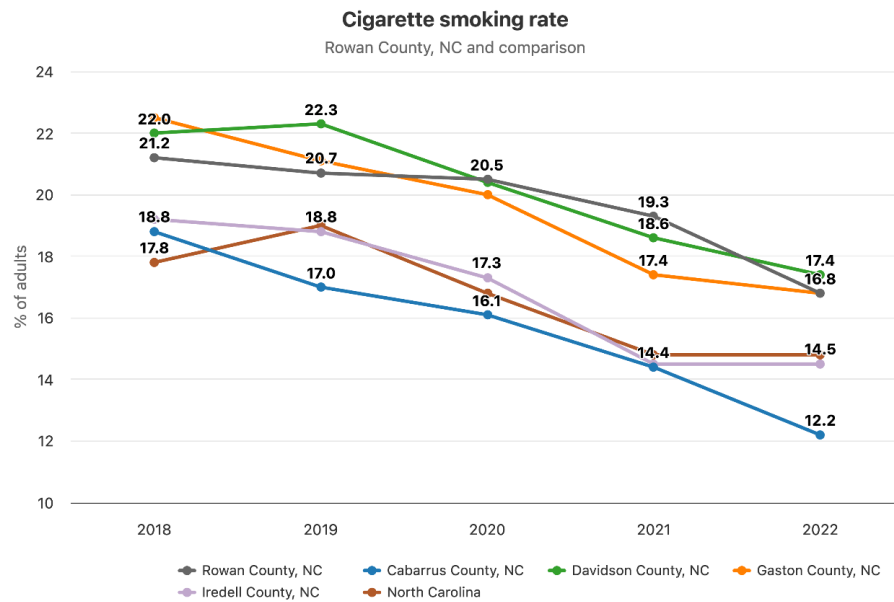
Alcohol-related deaths also pose serious concerns. In 2023, Rowan County had an alcohol-related mortality rate of 21.8 deaths per 100,000 residents—nearly double the state average of 11.1 and higher than neighboring counties. These deaths include conditions fully attributable to alcohol use, such as liver disease and alcohol poisoning, but likely underestimate the broader impact of excessive alcohol consumption on community health.



Injury-related mortality further highlights the county’s vulnerability. Rowan County has the highest unintentional injury mortality rate among its peers, with 109.5 deaths per 100,000 residents, compared to the state average of 73.1. These injuries include falls, poisonings, motor vehicle crashes, drownings, and other accidents. The elevated rate points to a critical need for prevention strategies, public education, and improved access to safety resources to reduce avoidable deaths.



Finally, while smoking rates have declined—from 22.0% in 2018 to 16.8% in 2022—Rowan County still exceeds the state average of 14.8%, indicating a continued need for tobacco cessation programs and public health campaigns.



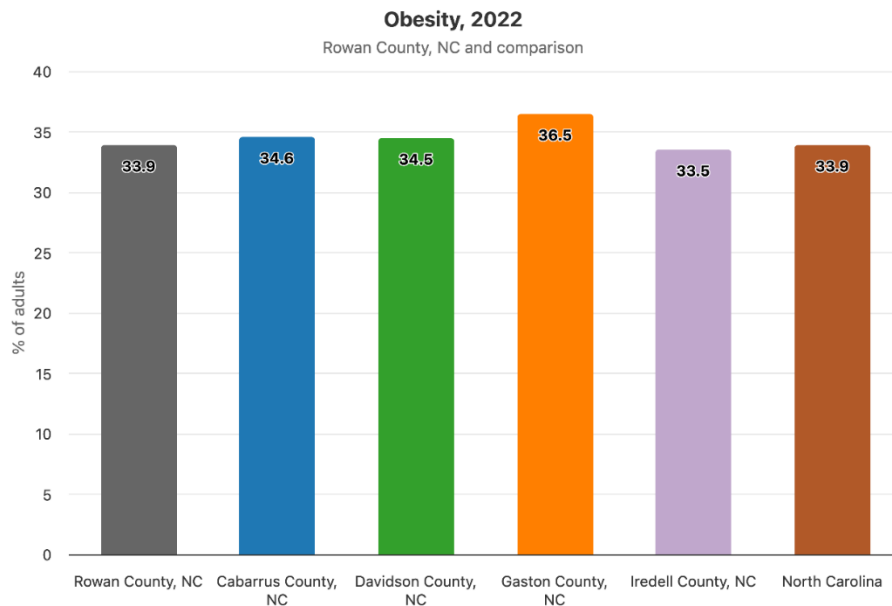
Theme: Chronic Disease



Chronic diseases are a major public health concern in Rowan County, contributing significantly to the county’s leading causes of death and placing a heavy burden on individuals, families, and the healthcare system. These conditions often coexist—known as comorbidities—compounding health risks and complicating treatment and management.

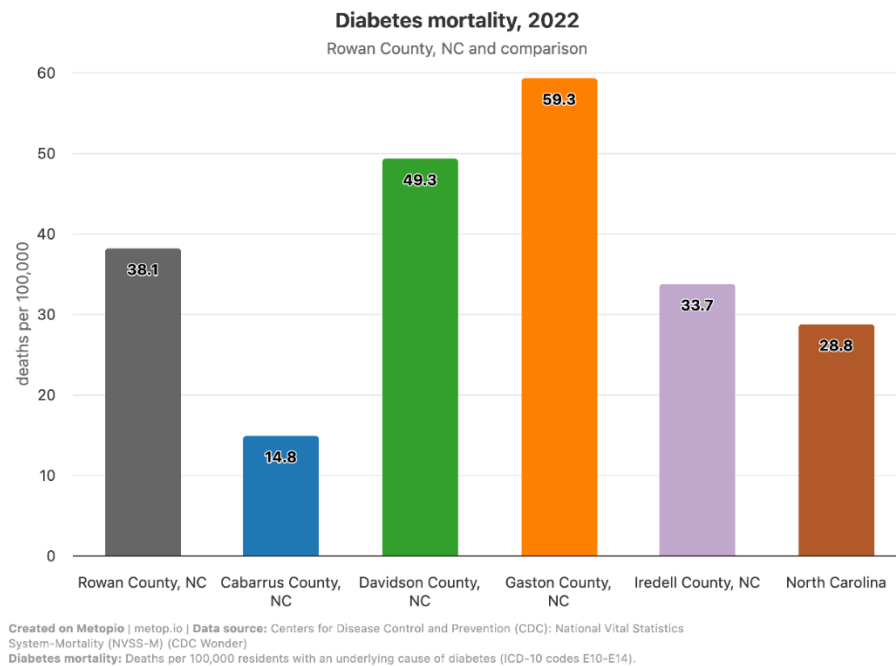
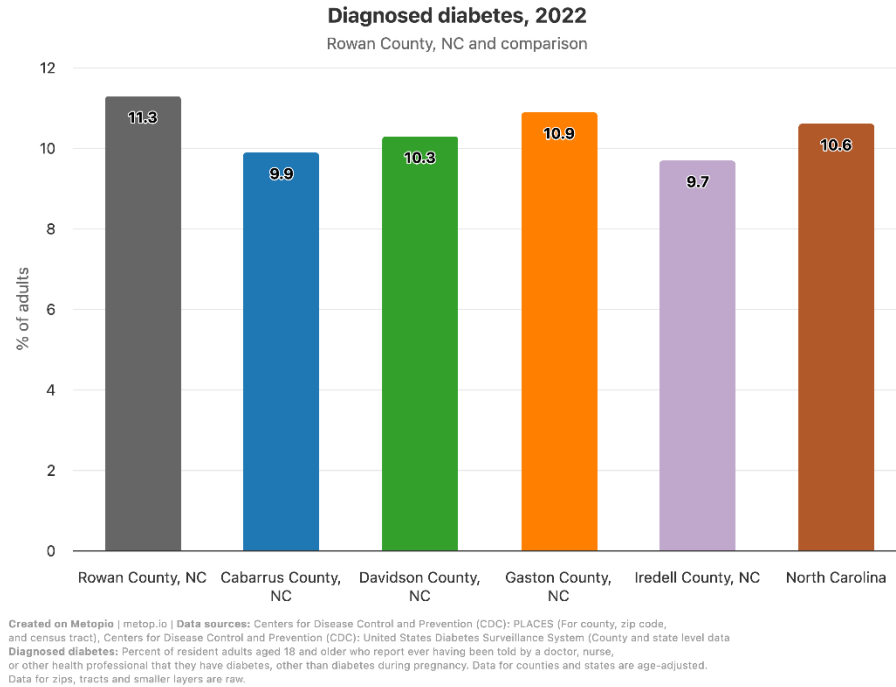
Rank	Cause of Death	Rowan County Rates	North Carolina Rate
1	Disease of the Heart	206.3	161.2
2	Cancer	165.5	152.1
3	Unintentional Injuries	75	52.5
4	Chronic Lower Respiratory Disease	51.1	39.8
5	Cerebrovascular Disease	44.8	44.4
6	Alzheimer’s Disease	37.3	36.6
7	Diabetes Mellitus	28.4	27
8	Nephritis, Nephrotic Syndrome, and Nephrosis	24.7	16.5
9	Pneumonia and Influenza	24.4	13.8
10	Motor Vehicle Injuries	20.1	16.1
Total Deaths between 2018-2022- All Causes		1,037.1	849.4

In 2022, 33.9% of adults in Rowan County were classified as obese, a rate nearly identical to the North Carolina average but with some rural areas reporting rates above 41%. Obesity is a key risk factor for several chronic conditions, including diabetes, hypertension, heart disease, and stroke, all of which are prevalent in Rowan County.

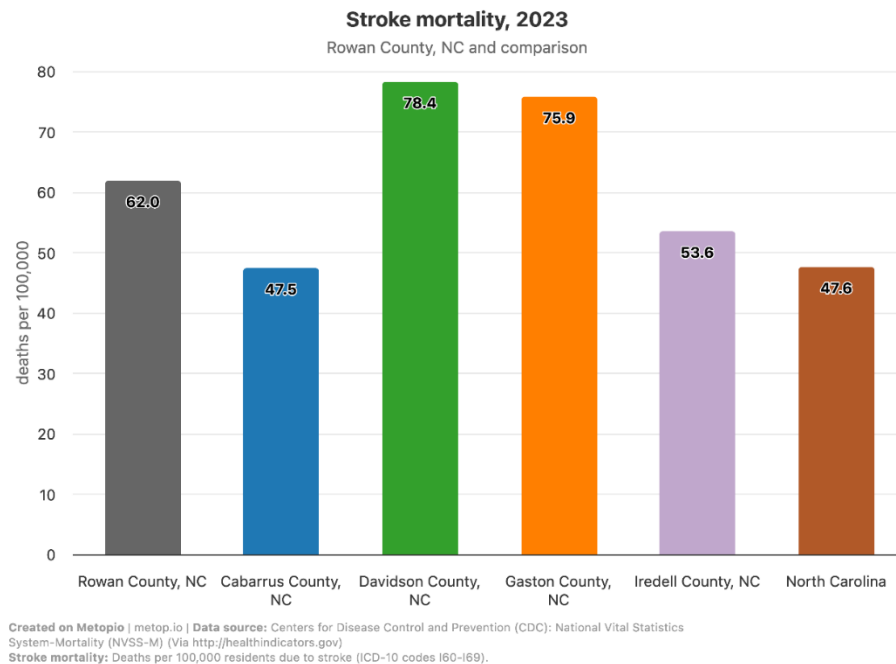
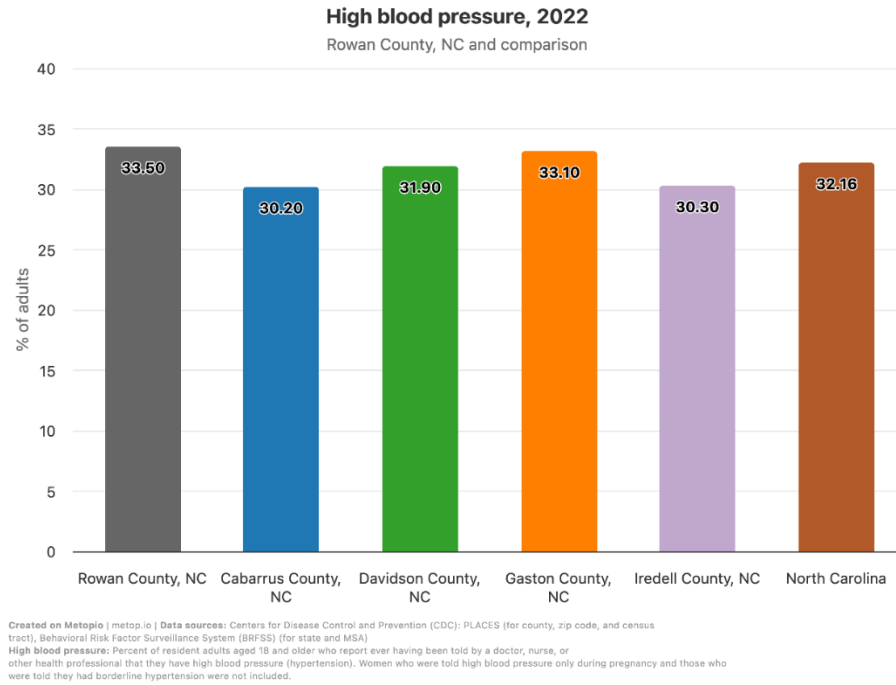


Created on Metaplo | metop.io | Data sources: Centers for Disease Control and Prevention (CDC): United States Diabetes Surveillance System (County level data before 2018), Behavioral Risk Factor Surveillance System (BRFSS) (For state and MSA), Centers for Disease Control and Obesity: Percent of resident adults aged 18 and older who are obese (have a body mass index (BMI) >30.0 kg/m² calculated from self-reported weight and height). Excludes those with abnormal height or weight and pregnant women.

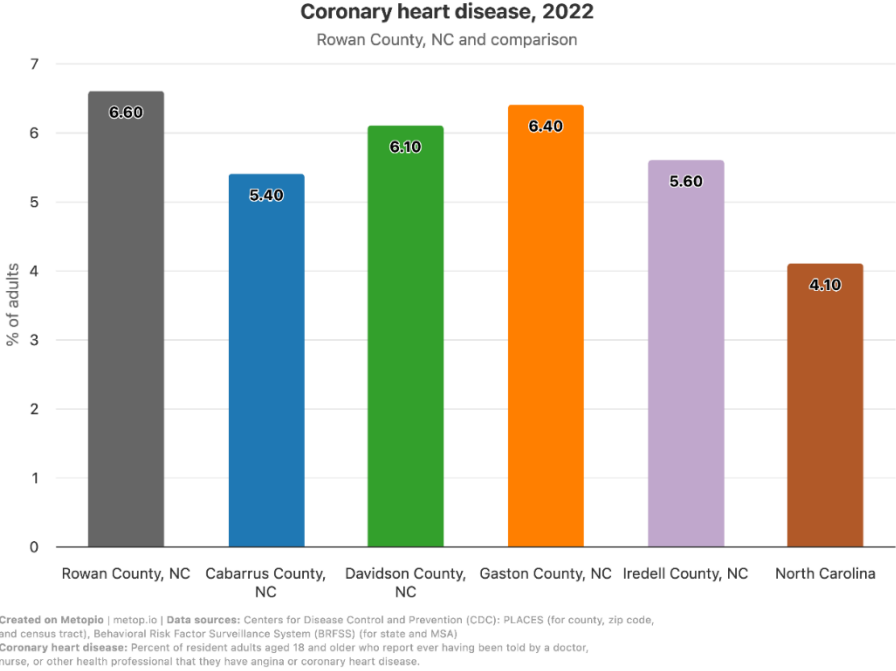
For example, 11.3% of adults reported being diagnosed with diabetes, higher than the state average of 10.6%. Diabetes mortality in 2022 was 38.1 deaths per 100,000 residents, significantly above the state rate of 28.8 and more than double that of Cabarrus County (14.8). Mortality was especially high among Black residents (57.0) and females (39.8), highlighting racial and gender disparities in disease outcomes.



High blood pressure affects 33.5% of adults in Rowan County, exceeding both the state and neighboring county averages. This condition is a major contributor to heart disease and stroke, which rank as the first and fifth leading causes of death in the county, respectively. In 2023, Rowan County's stroke mortality rate was 62.0 deaths per 100,000 residents, with older adults (65+) experiencing rates as high as 207.9—underscoring the need for targeted interventions for seniors.



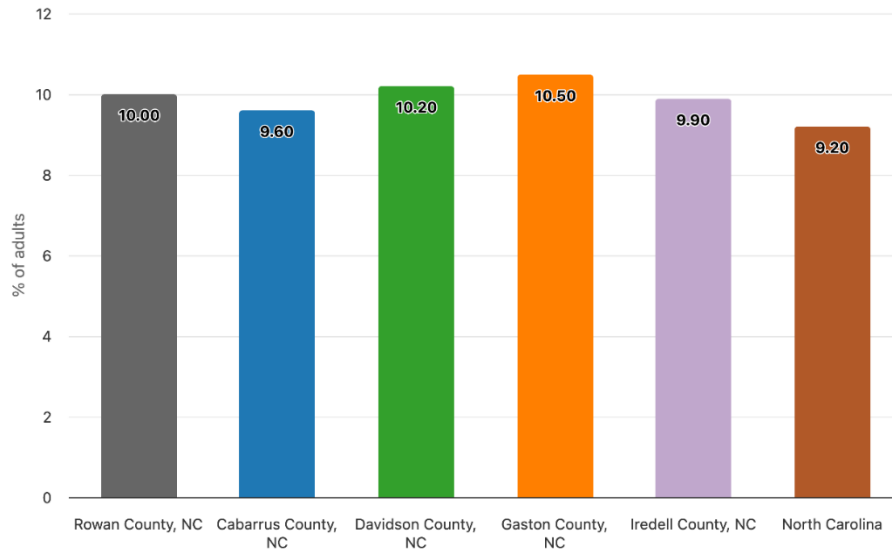
Coronary heart disease affects 6.8% of adults, again higher than the state average and neighboring counties. This elevated prevalence aligns with Rowan County’s heart disease mortality rate of 206.3 deaths per 100,000 residents, the highest cause of death in the county and well above the North Carolina average of 161.2.



Respiratory conditions also pose a significant challenge. 10.0% of adults reported having current asthma, and 7.9% reported chronic obstructive pulmonary disease (COPD)—both above state averages. These conditions are more common in rural areas, likely due to environmental exposures and higher smoking rates. COPD is the fourth leading cause of death in Rowan County, with a mortality rate of 51.1, compared to 39.8 statewide.

Current asthma, 2022

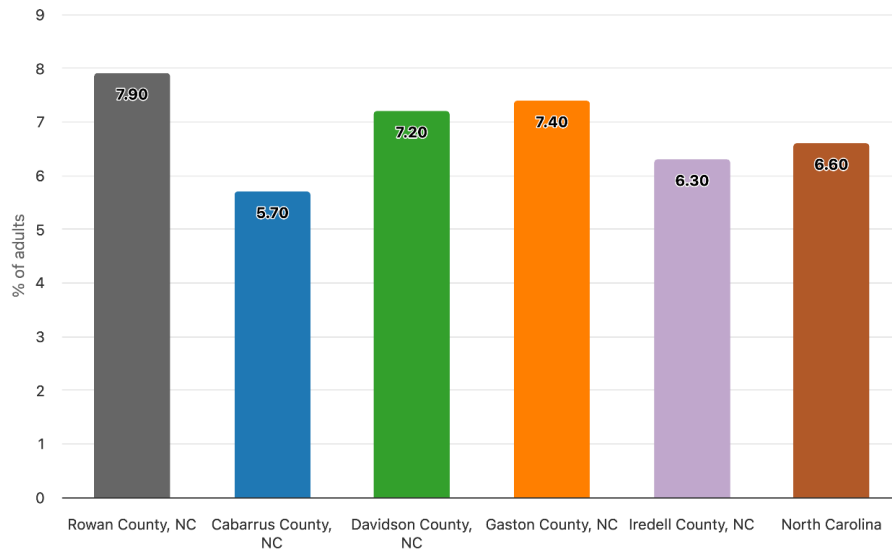
Rowan County, NC and comparison



Created on Metopio | metop.io | Data sources: Centers for Disease Control and Prevention (CDC): PLACES (for county, zip code, and census tract), Behavioral Risk Factor Surveillance System (BRFSS) (for state and MSA)
Current asthma: Percent of adults (civilian, non-institutionalized population) who answer "yes" both to both of the following questions: "Have you ever been told by a doctor, nurse, or other health professional that you have asthma?" and the question "Do you still have asthma?"

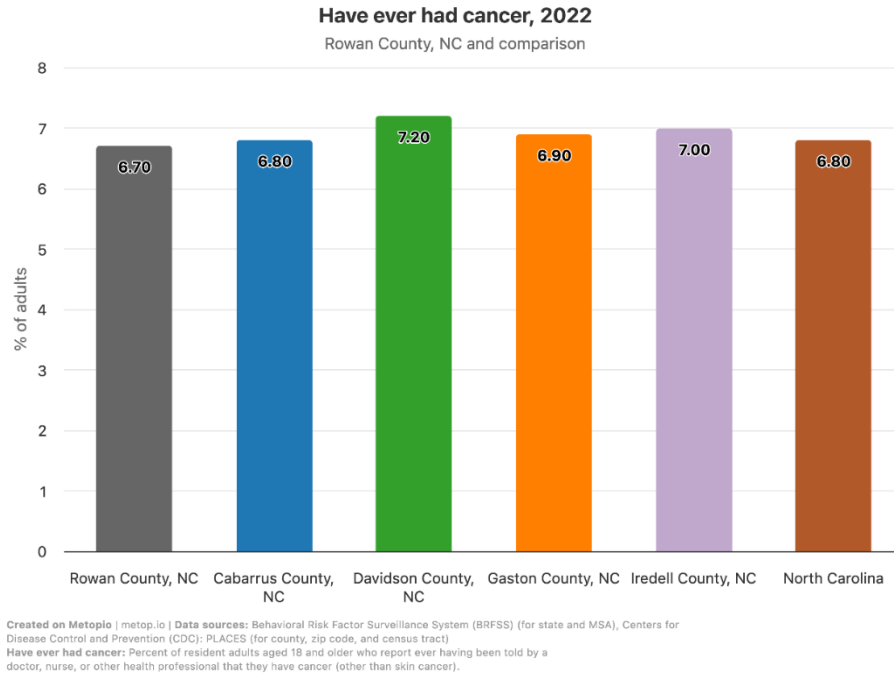
Chronic obstructive pulmonary disease (COPD), 2022

Rowan County, NC and comparison

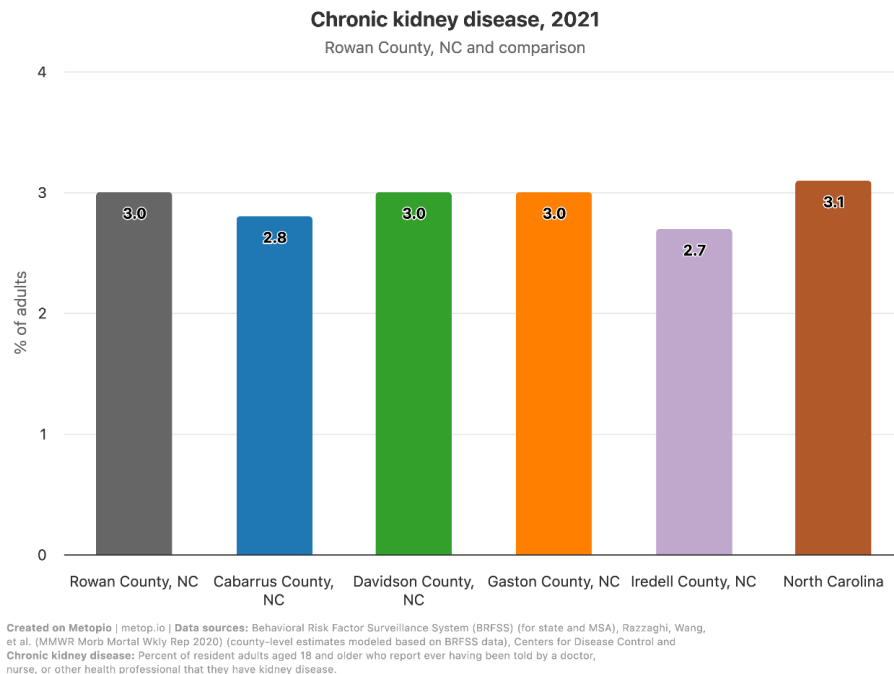


Created on Metopio | metop.io | Data sources: Behavioral Risk Factor Surveillance System (BRFSS) (for state and MSA), Centers for Disease Control and Prevention (CDC): PLACES (for county, zip code, and census tract)
Chronic obstructive pulmonary disease (COPD): Percent of resident adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have chronic obstructive pulmonary disease (COPD), emphysema, or chronic bronchitis.

Cancer, the second leading cause of death, affects 6.7% of adults in Rowan County. While slightly below the state average, cancer rates are higher in rural areas, particularly where farming is prevalent, suggesting potential links to occupational and environmental exposures. This pattern calls for enhanced screening and prevention efforts in these communities.



Chronic kidney disease affects 3.0% of adults, consistent with state averages, but with higher prevalence in rural areas. Kidney disease is often a comorbidity of diabetes and hypertension, and Rowan County’s mortality rate for nephritis and related conditions is 24.7, significantly above the state rate of 16.5.

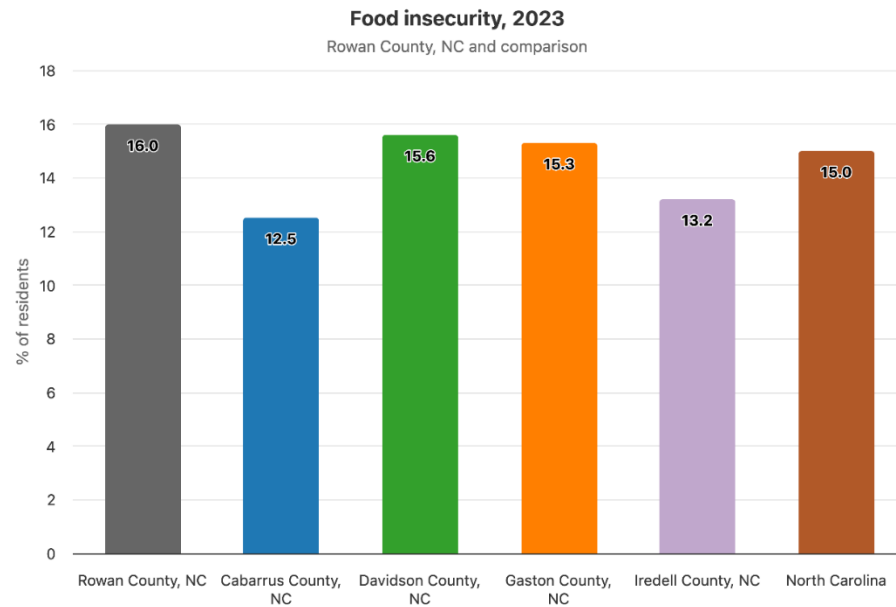


These chronic conditions are not isolated—they often occur together, creating a cascade of health complications. For example, a resident with obesity may also have diabetes, hypertension, and kidney disease, increasing their risk for heart attack, stroke, and premature death. This interconnectedness is reflected in Rowan County’s overall mortality rate of 1,037.1 deaths per 100,000 residents, far exceeding the state average of 849.4.

Theme: Food Access

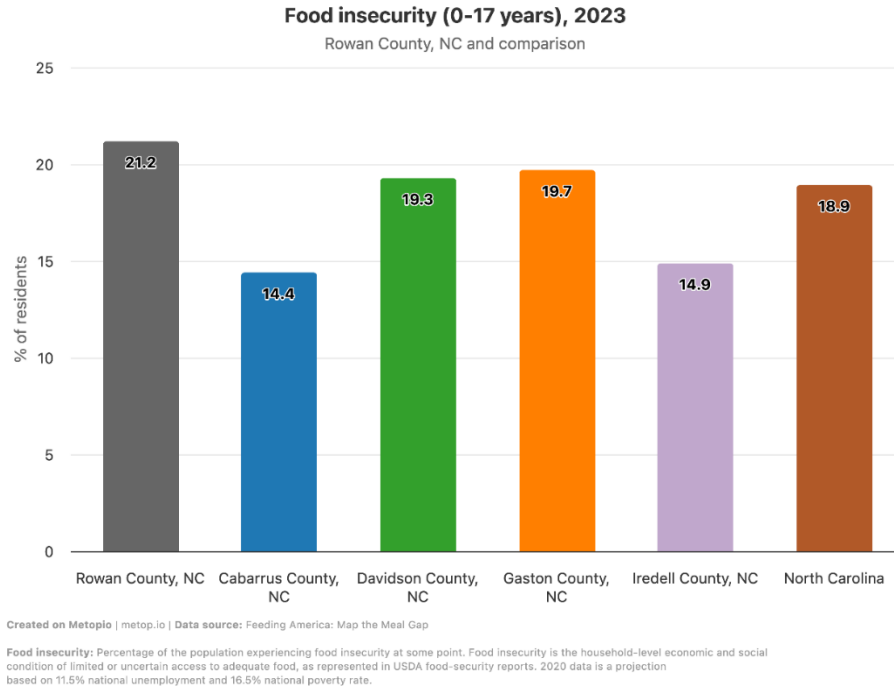


Food access remains a critical issue in Rowan County, where economic hardship, racial disparities, and gaps in assistance programs converge to create persistent food insecurity. In 2023, 16.0% of residents experienced food insecurity—higher than the North Carolina average of 15.0% and above neighboring counties like Cabarrus (12.5%) and Iredell (13.2%). Among children, the situation is even more dire: 21.2% of those ages 0–17 live in food-insecure households, compared to 18.9% statewide.

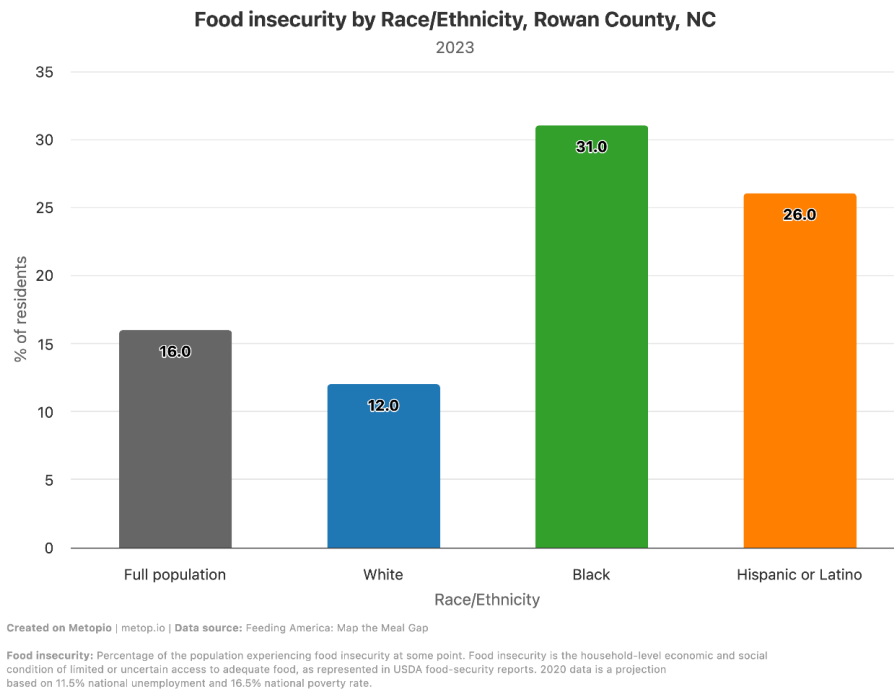


Created on Metoplo | metop.io | Data source: Feeding America: Map the Meal Gap

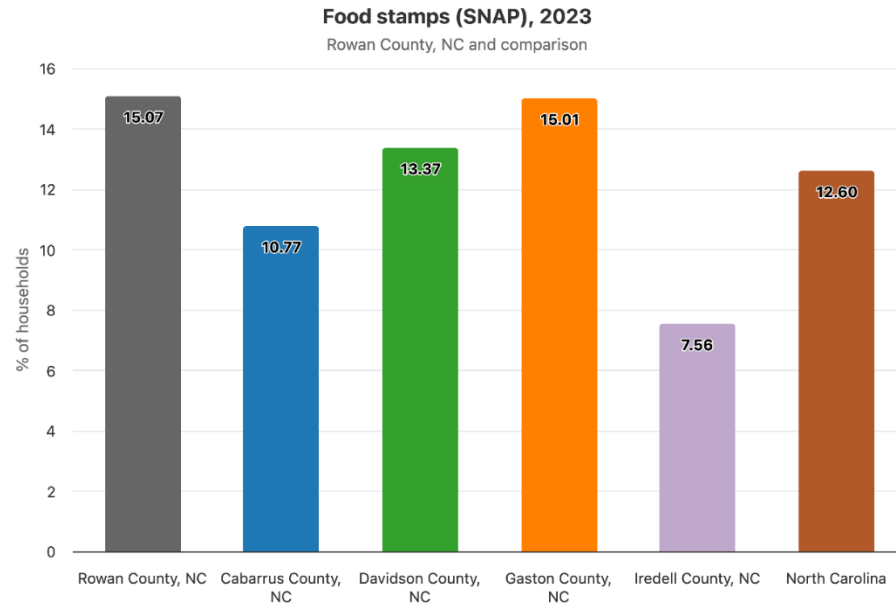
Food insecurity: Percentage of the population experiencing food insecurity at some point. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food, as represented in USDA food-security reports. 2020 data is a projection based on 11.5% national unemployment and 16.5% national poverty rate.



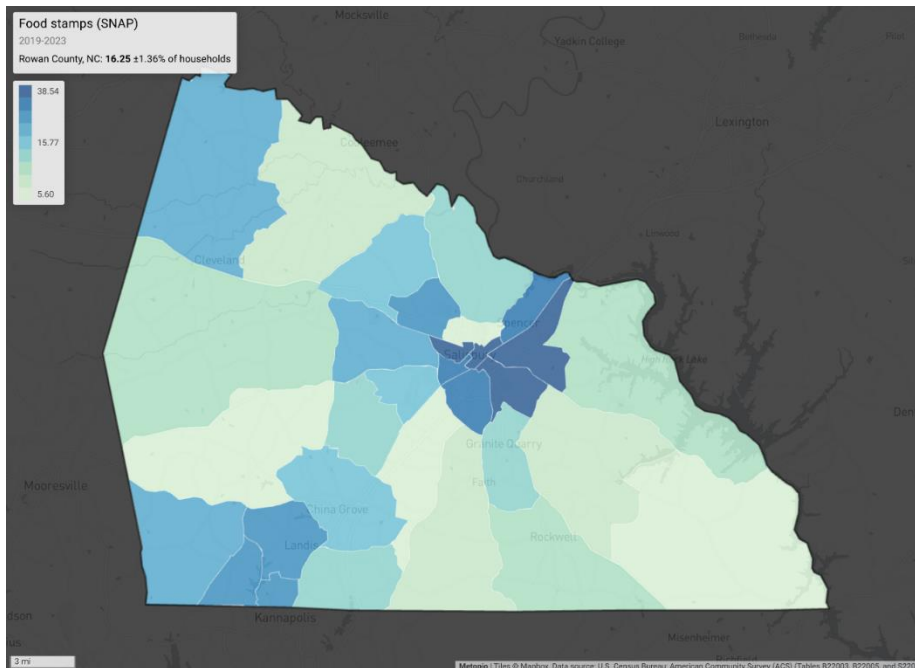
This challenge is not new, but it has worsened in recent years. After dropping to 13.2% in 2021, food insecurity surged following the COVID-19 pandemic, reaching its highest levels in recent memory. The burden is not evenly distributed. Black residents (31.0%) and Hispanic or Latino residents (26.0%) experience food insecurity at more than double the rate of White residents (12.0%), revealing deep equity gaps that demand targeted interventions.



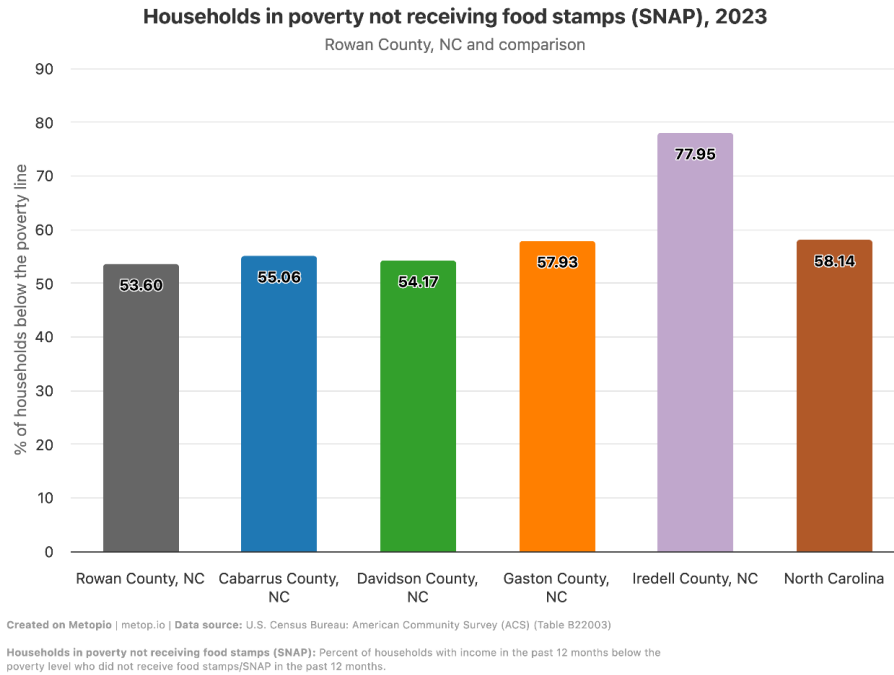
Federal nutrition assistance programs like SNAP (food stamps) play a vital role in addressing hunger, yet participation rates reflect ongoing economic challenges. In 2023, 15.07% of Rowan County households received SNAP benefits—higher than the state average of 12.60% and neighboring counties such as Cabarrus (10.77%) and Iredell (7.56%). Central and western parts of the county show the highest concentrations of SNAP participation, aligning with areas of elevated poverty.



Created on Metopio | metop.io | Data source: U.S. Census Bureau: American Community Survey (ACS) (Tables B22003, B22005, and S2201)
Food stamps (SNAP): Percent of households receiving Supplemental Nutrition Assistance Program (SNAP) benefits, formerly known as food stamps, over the past 12 months.



However, many families in need still fall through the cracks. More than half (53.6%) of households in poverty did not receive SNAP benefits in 2023, despite being eligible. Although this is slightly better than the state average of 58.1%, it still represents a significant gap in assistance. In some areas of Rowan County, over 60% of households in poverty are not enrolled in SNAP, suggesting barriers such as lack of awareness, administrative hurdles, or stigma.



Racial disparities persist here as well. 25.66% of Black households and 23.31% of Hispanic or Latino households receive SNAP benefits, compared to 12.55% of White households. These figures reflect both the disproportionate economic burden faced by communities of color and the critical importance of ensuring equitable access to food assistance.

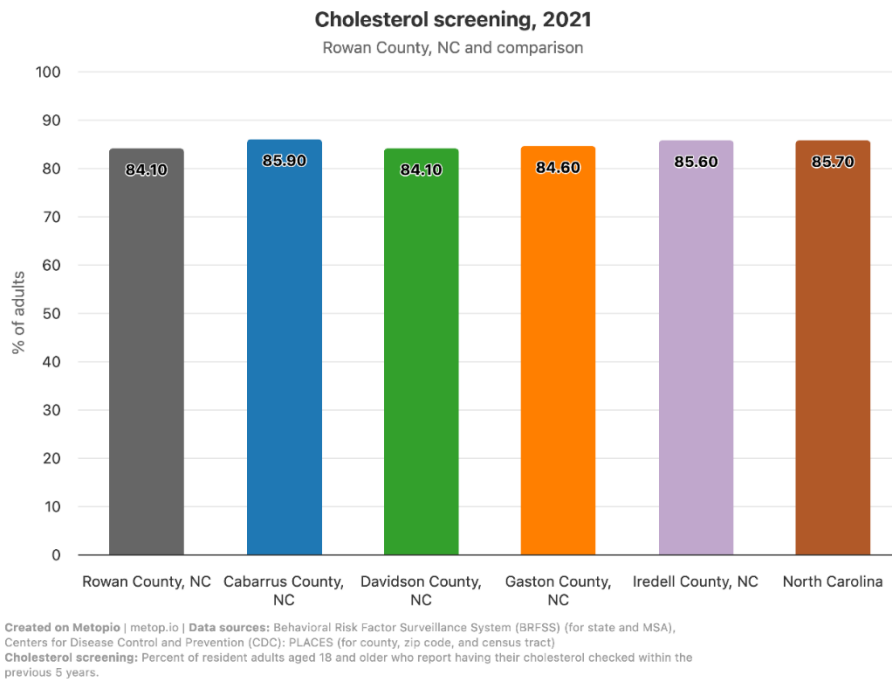
Together, these patterns paint a picture of a community where food insecurity is not just about hunger—it’s about systemic inequities, economic instability, and missed opportunities for support. Addressing food access in Rowan County will require targeted outreach, expanded eligibility, and community-based programs that meet residents where they are—especially in rural and underserved areas.

Theme: Health Behaviors

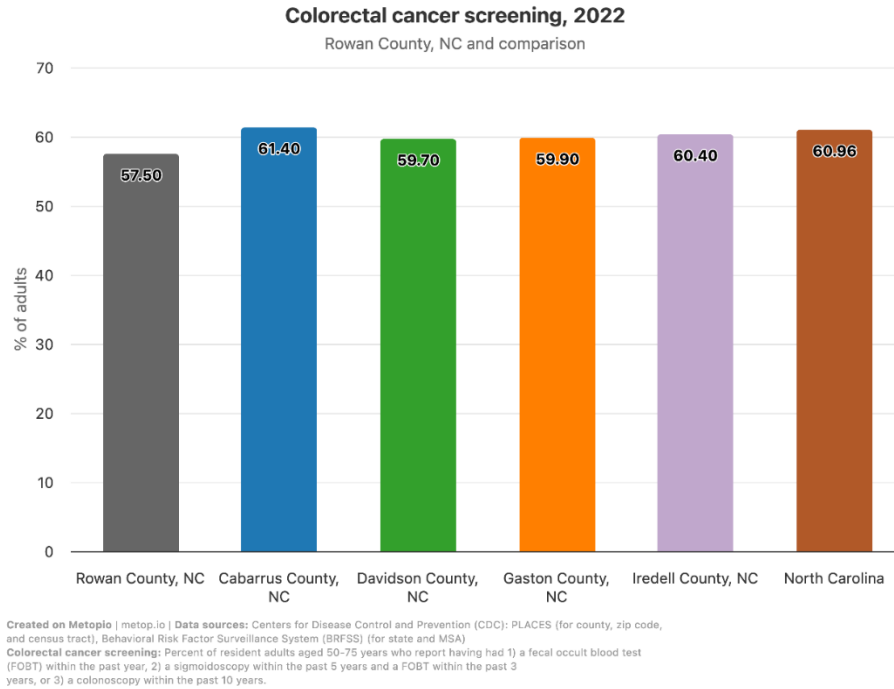


Access to preventive care in Rowan County is a critical factor in improving health outcomes and reducing mortality from chronic diseases. While many residents participate in routine screenings, the county consistently lags behind state and regional averages—highlighting opportunities to strengthen outreach, education, and access to care.

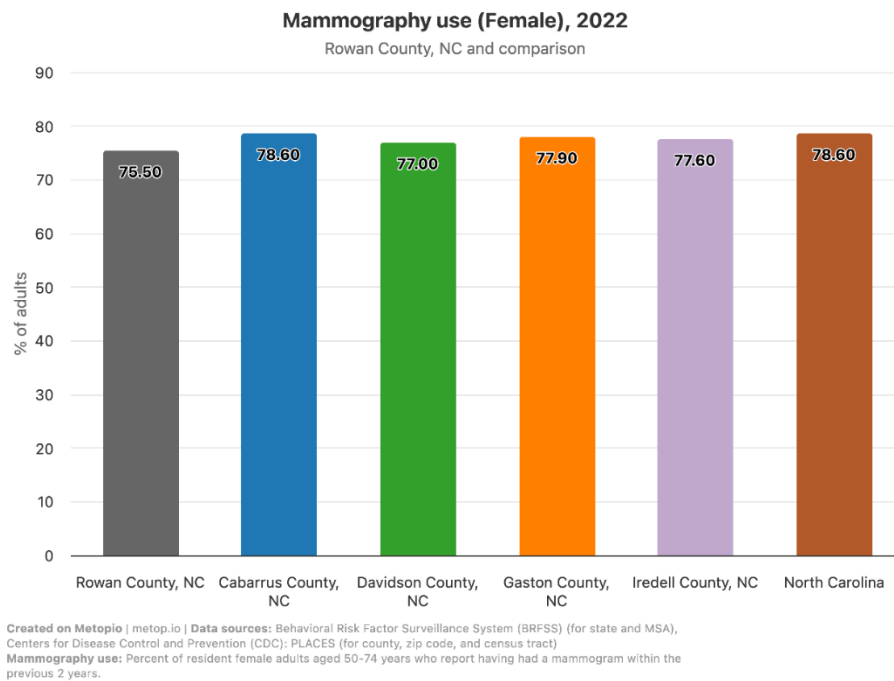
In 2021, 84.1% of adults in Rowan County reported having their cholesterol checked within the previous five years. While this rate is relatively high, it still falls short of the North Carolina average (85.7%) and neighboring counties like Cabarrus (85.9%) and Iredell (85.6%). Cholesterol screening is a key tool in cardiovascular risk management, especially given that heart disease is the leading cause of death in Rowan County, with a mortality rate of 206.3 deaths per 100,000 residents—far above the state average of 161.2.



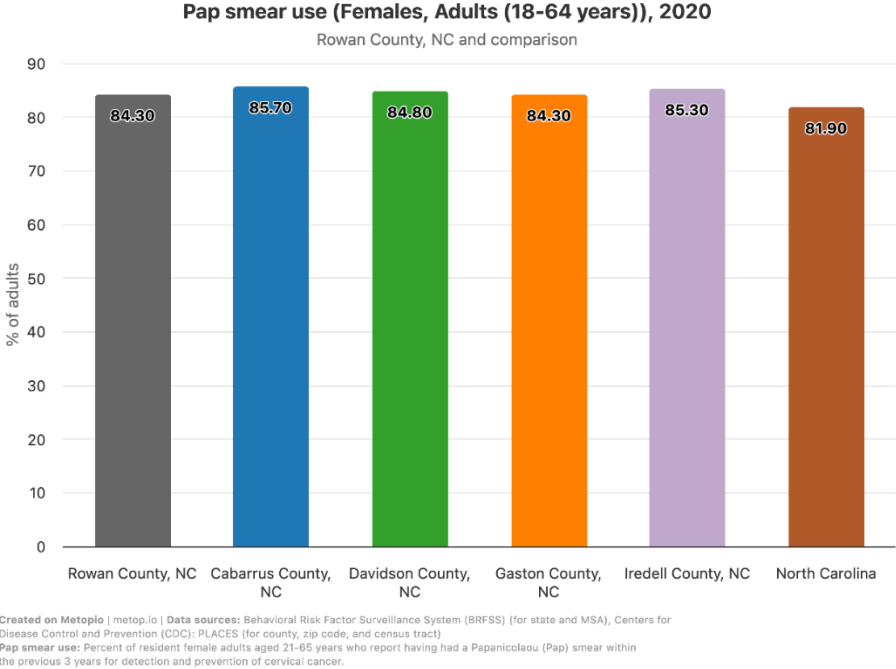
Colorectal cancer screening rates also reveal gaps in preventive care. Only 57.5% of adults in Rowan County are up to date with screening, compared to 60.96% statewide and higher rates in Cabarrus (61.4%) and Iredell (60.4%). Early detection through screening is essential to reducing cancer mortality, which ranks as the second leading cause of death in the county.



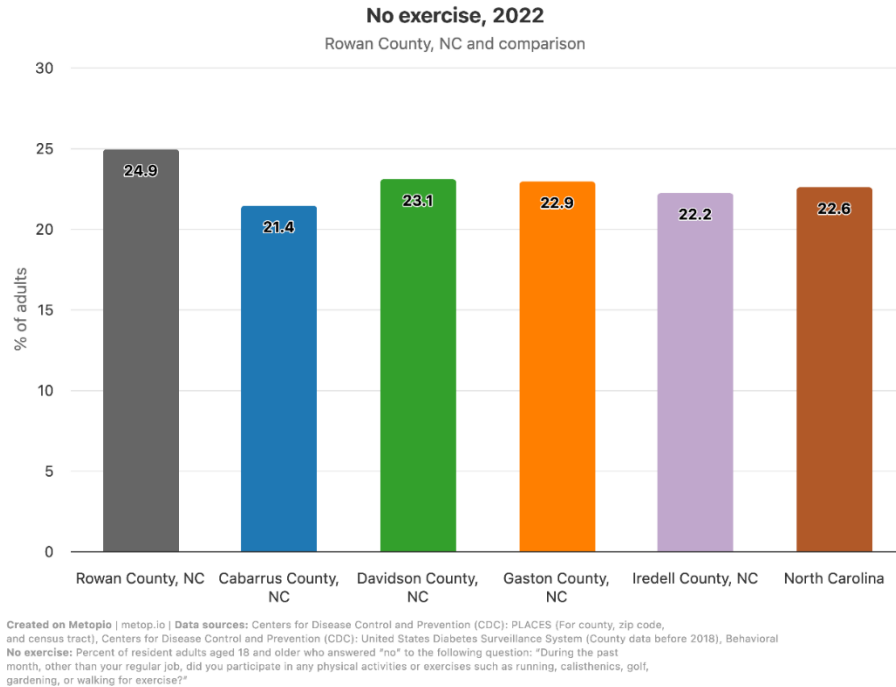
Breast cancer screening participation is similarly below average. In 2022, 75.5% of women in Rowan County reported having a mammogram within the past two years, trailing the state average of 78.6% and neighboring counties like Gaston (77.9%) and Cabarrus (78.6%). Increasing access to mammography services and outreach efforts could help detect breast cancer earlier and reduce disparities in outcomes.



On a more positive note, cervical cancer screening rates are strong. In 2020, 84.3% of women in Rowan County had a Pap smear within the past three years, exceeding the state average of 81.9% and matching neighboring counties. This success demonstrates the potential impact of sustained public health efforts and accessible screening services.



However, preventive care goes beyond screenings—it also includes promoting healthy behaviors. In 2022, 24.9% of adults in Rowan County reported no physical activity outside of work, a rate higher than the state average of 22.6% and neighboring counties like Cabarrus (21.4%) and Iredell (22.2%). Physical inactivity is a major risk factor for heart disease, stroke, diabetes, and obesity, all of which are prevalent in Rowan County and contribute to its elevated mortality rates.



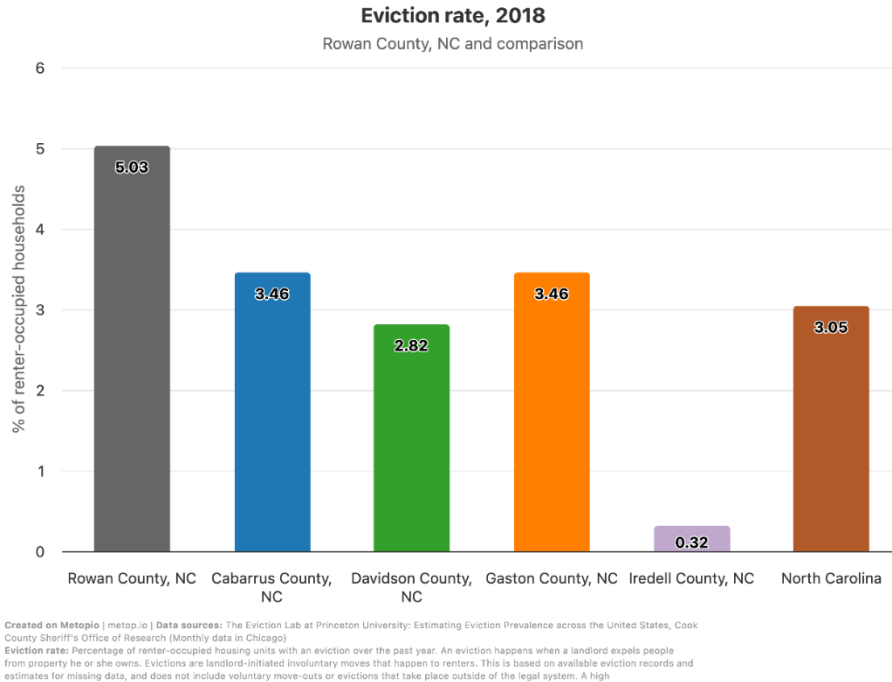
Together, these patterns underscore the importance of regular screenings and lifestyle interventions in addressing Rowan County’s leading causes of death. Early detection of chronic conditions like heart disease, cancer, and stroke can significantly improve outcomes, reduce healthcare costs, and enhance quality of life. Strengthening access to preventive care—especially in underserved and rural areas—will be essential to closing gaps and building a healthier future for the community.

Theme: Housing

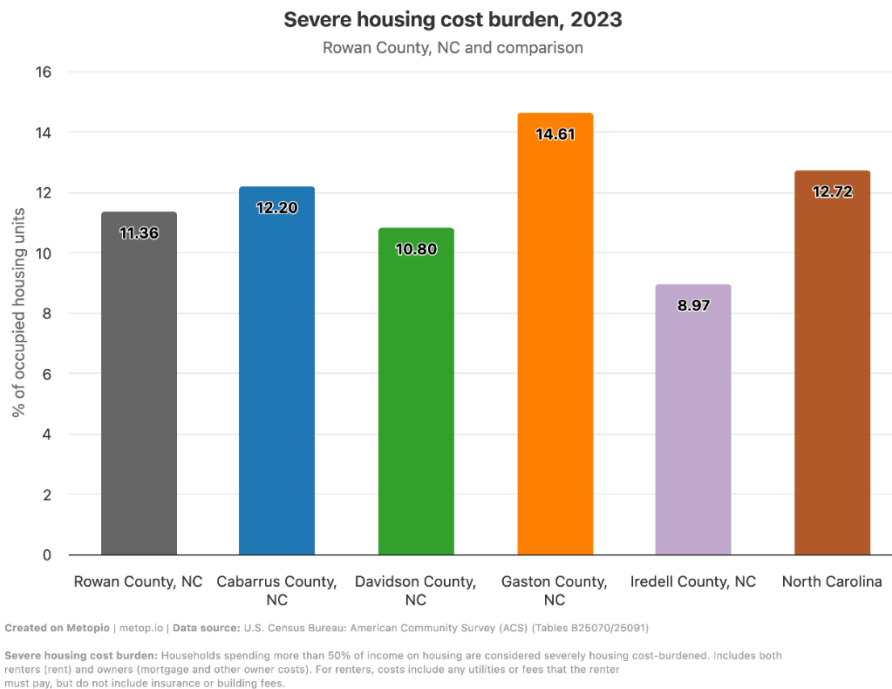


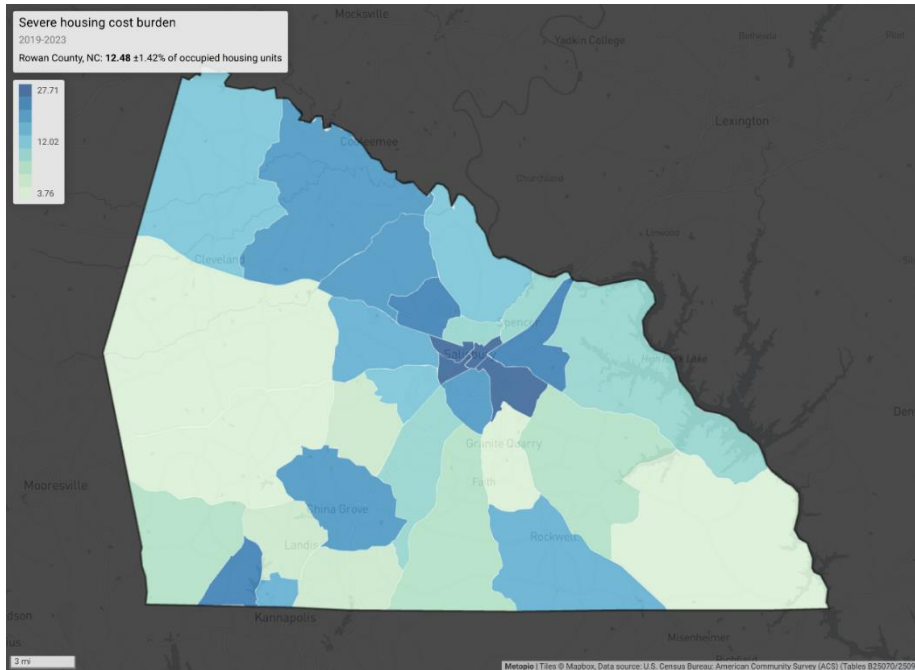
Access to healthcare in Rowan County is shaped not only by the availability of providers and insurance coverage, but also by the stability and affordability of housing. Where and how people live affects their ability to seek care, manage chronic conditions, and maintain overall well-being. In Rowan County, housing-related challenges are a significant and often overlooked barrier to health.

In 2018, Rowan County had an eviction rate of 5.03%, far exceeding the North Carolina average of 3.05% and more than 15 times higher than Iredell County’s rate of 0.32%. This data, collected before the COVID-19 pandemic, reveals that housing instability was already a major issue for renters in Rowan County. Evictions can lead to displacement, stress, and disruptions in continuity of care—especially for those managing chronic illnesses or mental health conditions.

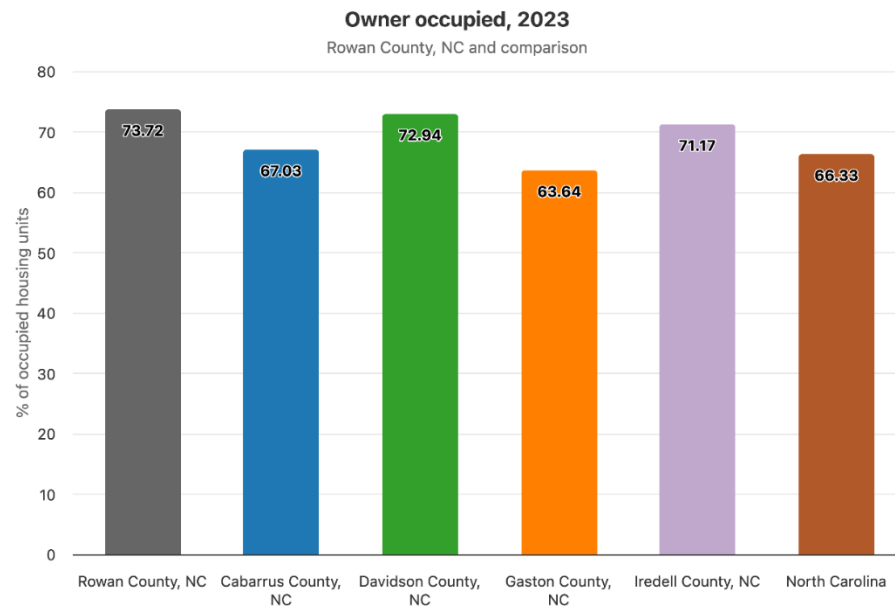


By 2023, 11.36% of households in Rowan County were severely housing cost-burdened, meaning they spent more than half of their income on housing. This financial strain is not evenly distributed: Black households (15.84%) are disproportionately affected compared to White (11.08%) and Hispanic or Latino households (7.79%). These disparities reflect broader systemic inequities and can limit access to healthcare, nutritious food, and transportation—further compounding health risks.

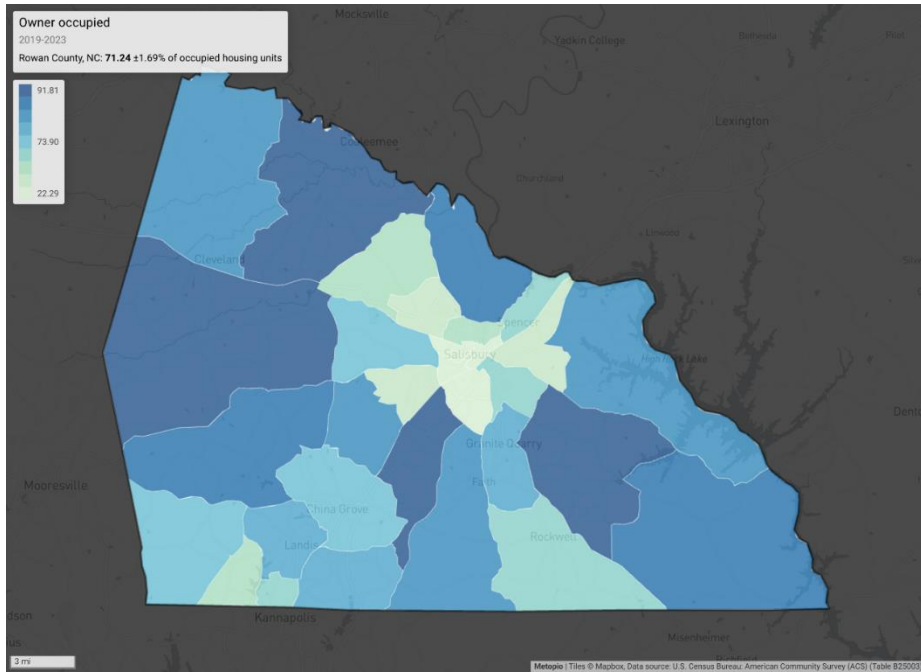




Rowan County’s housing landscape is also defined by its ownership patterns. In 2023, 73.7% of housing units were owner-occupied, significantly higher than the state average of 66.3%. Ownership is more common in rural areas, while urban centers like Salisbury have higher concentrations of renter-occupied units (26.3%). Renters often face more frequent moves, less housing stability, and fewer resources to manage health needs—especially in areas with limited access to clinics or public transportation.

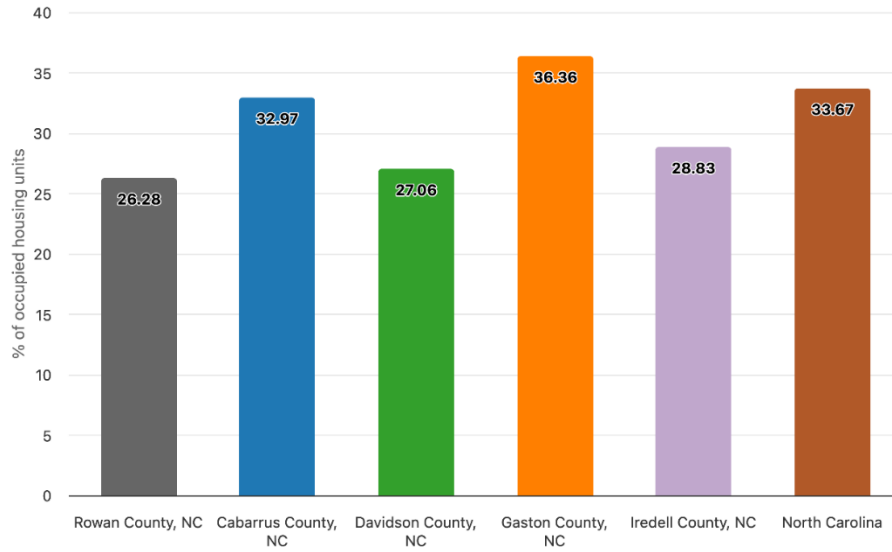


Owner occupied:



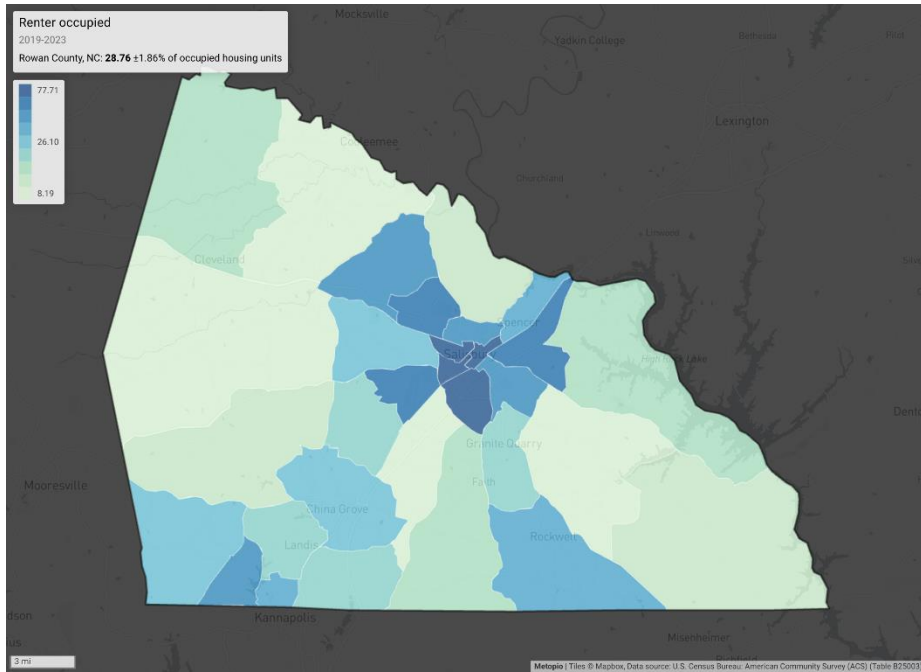
Renter occupied, 2023

Rowan County, NC and comparison

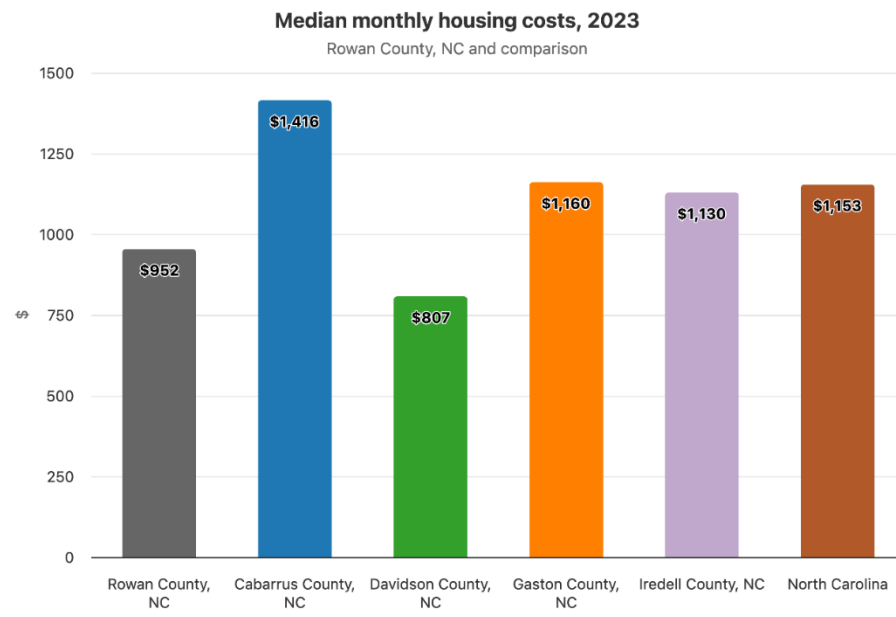


Created on Metopio | metop.io | Data source: U.S. Census Bureau, American Community Survey (ACS) (Table B25003)

Renter occupied: Percent of households that are renter occupied

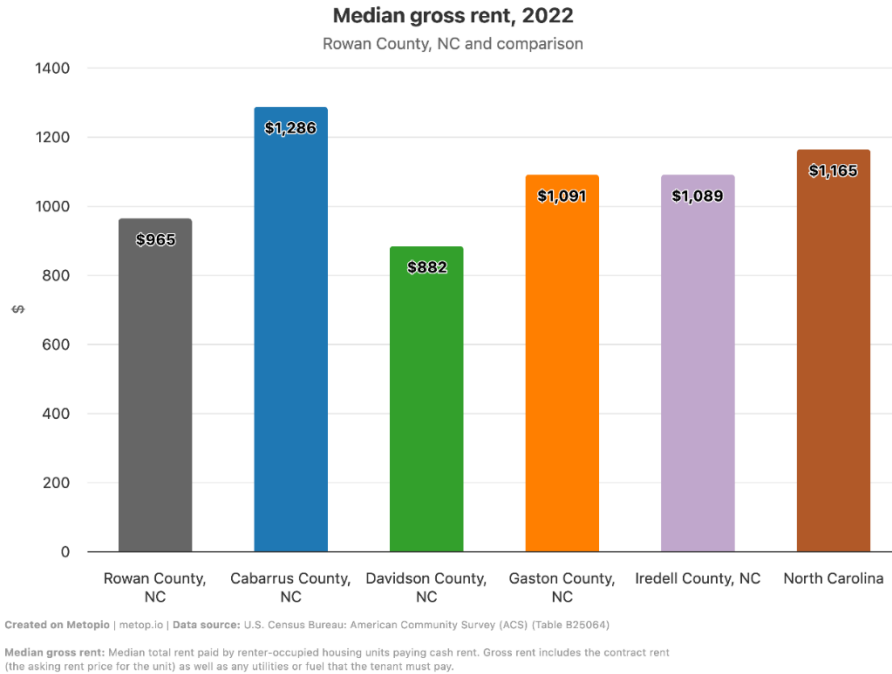


Despite these challenges, Rowan County’s median monthly housing cost of \$952 remains lower than the North Carolina average of \$1,153 and significantly below neighboring Cabarrus County (\$1,416). While this suggests relative affordability, it does not offset the burden for low-income households, especially those who are cost-burdened or living in substandard housing conditions.



Created on Metopio | metop.io | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B25105)

Median monthly housing costs: This represents the median total monthly housing costs for occupied housing units. This includes rent or mortgage as well as all utilities, maintenance, and taxes.



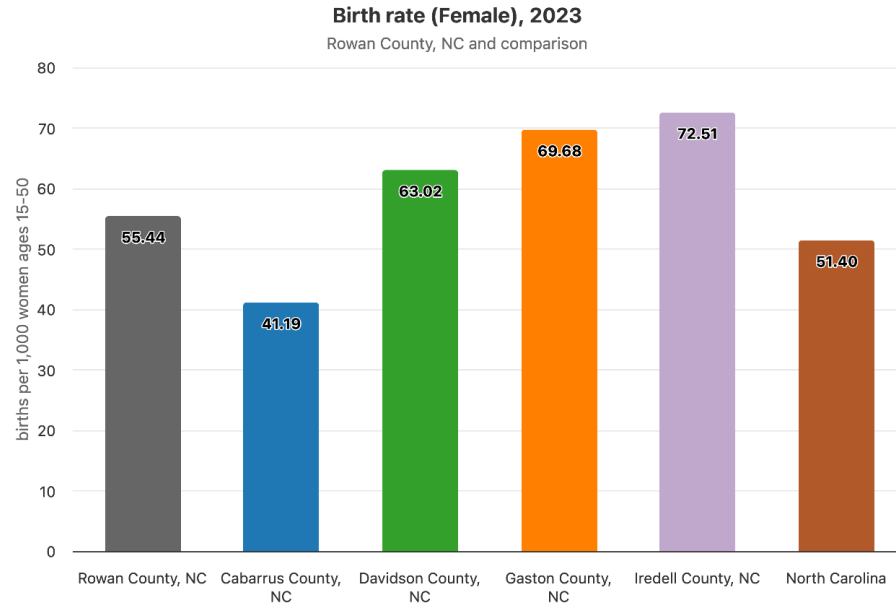
Housing is a social determinant of health, and in Rowan County, it intersects with economic hardship, racial disparities, and geographic isolation to shape access to care. Addressing housing instability and affordability is essential to improving health outcomes—through policies that expand affordable housing, support renters, and integrate housing assistance with healthcare services.

Theme: Maternal and Child Health



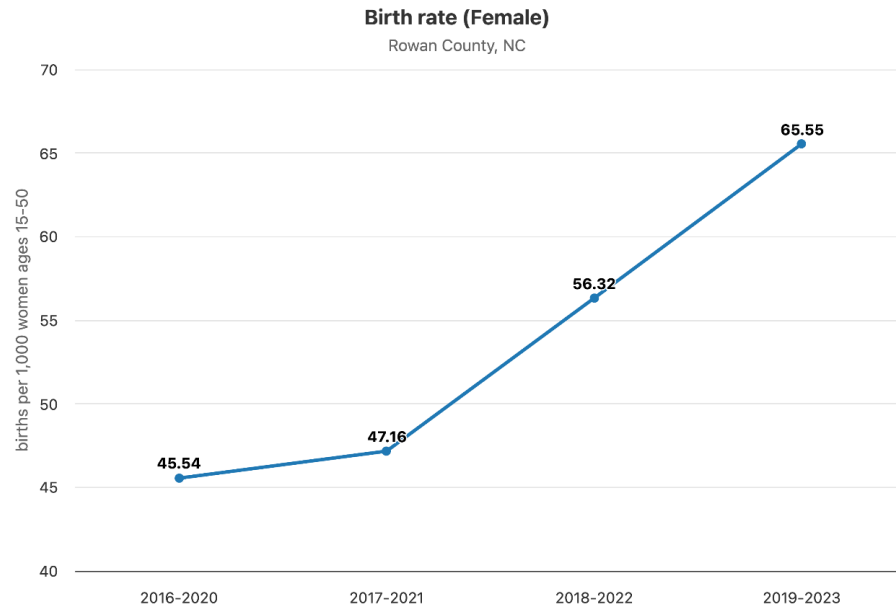
Maternal and child health in Rowan County reflects a complex interplay of social, economic, and healthcare factors that shape outcomes from pregnancy through adolescence. By examining indicators across the lifespan—from maternal health to youth development—we can better understand the challenges families face and identify opportunities for intervention.

Maternal health sets the foundation for a child’s future. In Rowan County, the birth rate among women ages 15–50 has steadily increased, rising from 45.5 births per 1,000 women (2016–2020) to 65.6 (2019–2023). In 2023, the county’s birth rate of 55.4 exceeded the state average (51.4), signaling a growing need for maternal health services and family support programs.



Created on Metoplo | metop.io | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B13002)

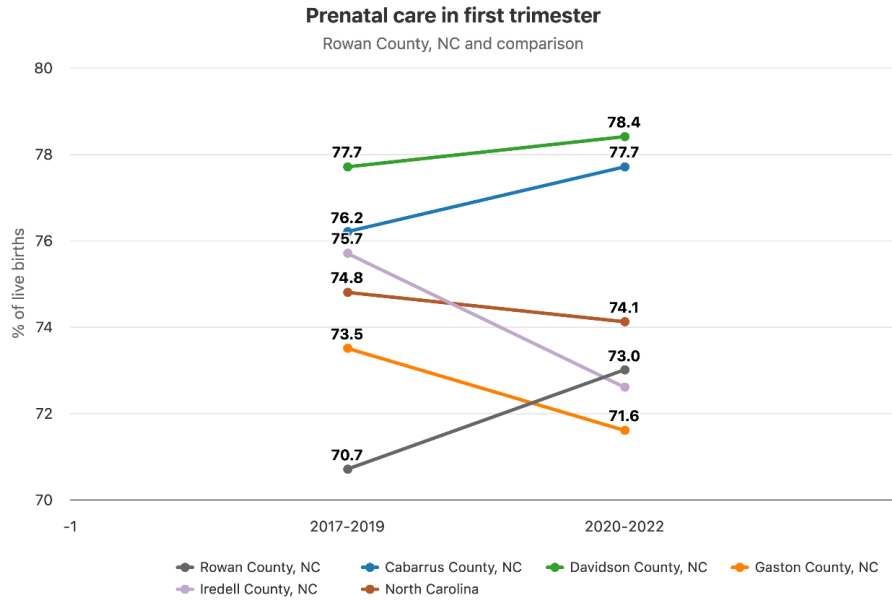
Birth rate: Women age 15-50 with a birth in the past year, per 1,000 women age 15-50. Does not include births to women below age 15.



Created on Metoplo | metop.io | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B13002)

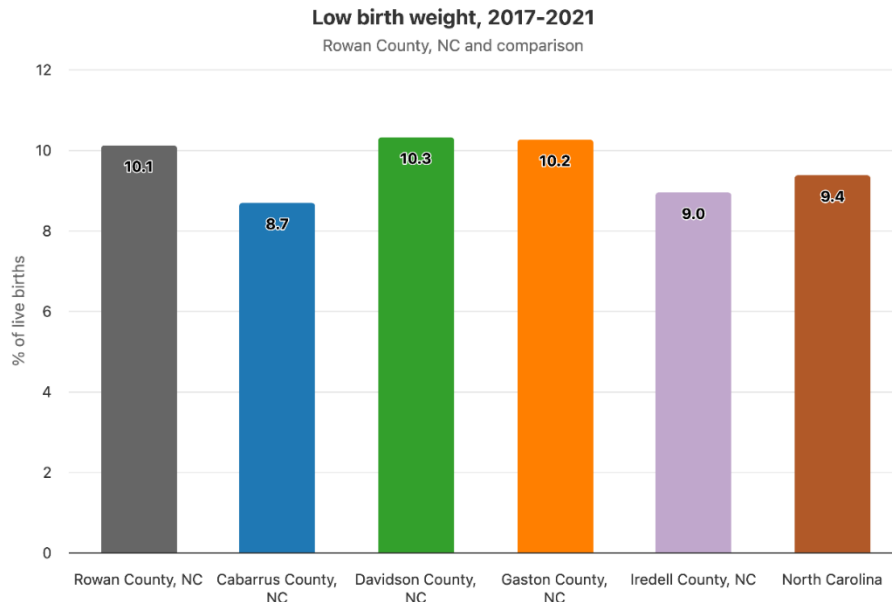
Birth rate: Women age 15-50 with a birth in the past year, per 1,000 women age 15-50. Does not include births to women below age 15.

Access to prenatal care is improving, with 73.0% of live births receiving care in the first trimester (2020–2022)—up from 70.7% (2017–2019). However, Rowan still trails the state average (74.1%) and neighboring counties like Cabarrus (77.7%) and Davidson (78.4%), indicating persistent gaps in early care. Expanding outreach and resources for expectant mothers is essential to ensure healthy pregnancies and birth outcomes.



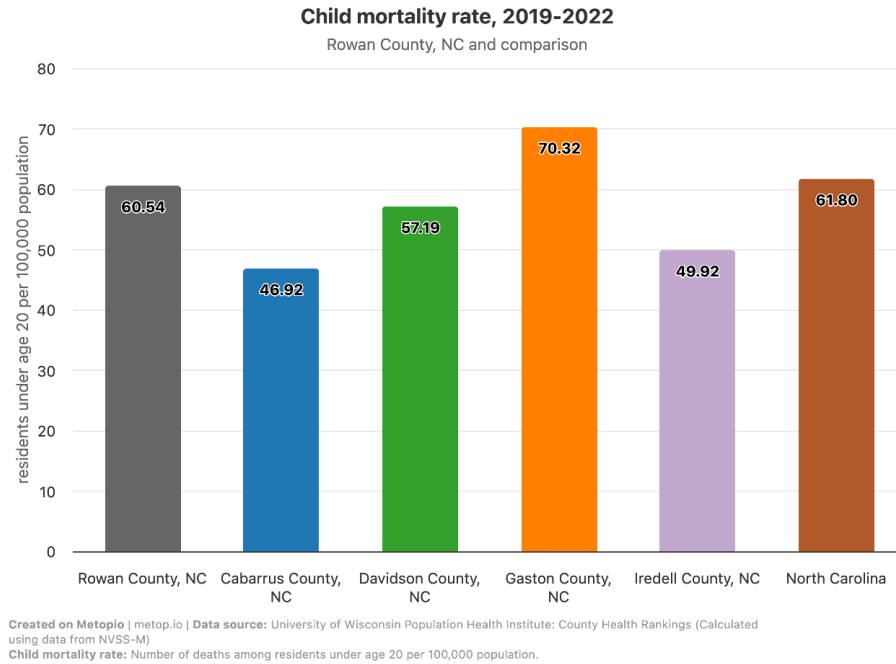
Created on Metopio | metop.io | Data source: HRSA's Maternal and Child Health Bureau (MCHB): Maternal and Infant Health Mapping Tool
 Prenatal care in first trimester: Estimated percentage of live births with first trimester prenatal care.

Despite progress in prenatal care, Rowan County faces challenges in infant health. From 2017 to 2021, 10.1% of live births were classified as low birth weight, higher than the state average (9.4%). Racial disparities are significant: Asian (16.2%) and Black (15.7%) infants have the highest rates, while Hispanic or Latino infants (7.5%) fare better. These disparities point to the need for targeted maternal health interventions, especially in communities facing systemic barriers.

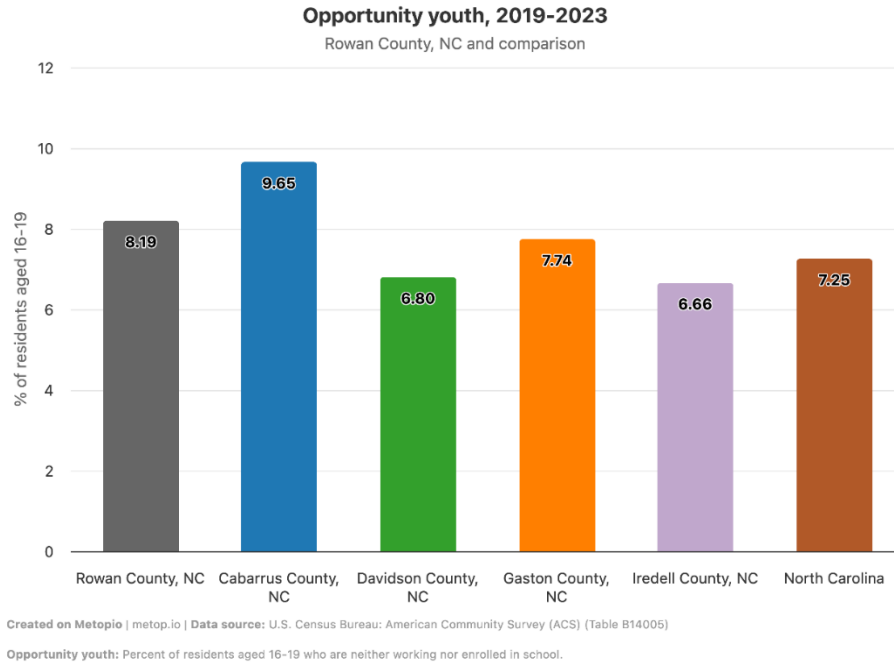


Created on Metopio | metop.io | Data sources: State public health departments (via KIDS COUNT, <https://datacenter.kidscount.org>), HRSA's Maternal and Child Health Bureau (MCHB): Maternal and Infant Health Mapping Tool (3-year data), Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Nativity (NVSS-N) (Via CDC
 Low birth weight: Percent of live births with a birth weight of less than 2,500 grams (5 lbs, 8 oz). Infants may be low birth weight because of inadequate interuterine growth or premature birth. Risk factors include sociodemographic and behavioral characteristics, such as low income and tobacco use during pregnancy. Data for this topic can be very sparse; different states are available for different time periods.

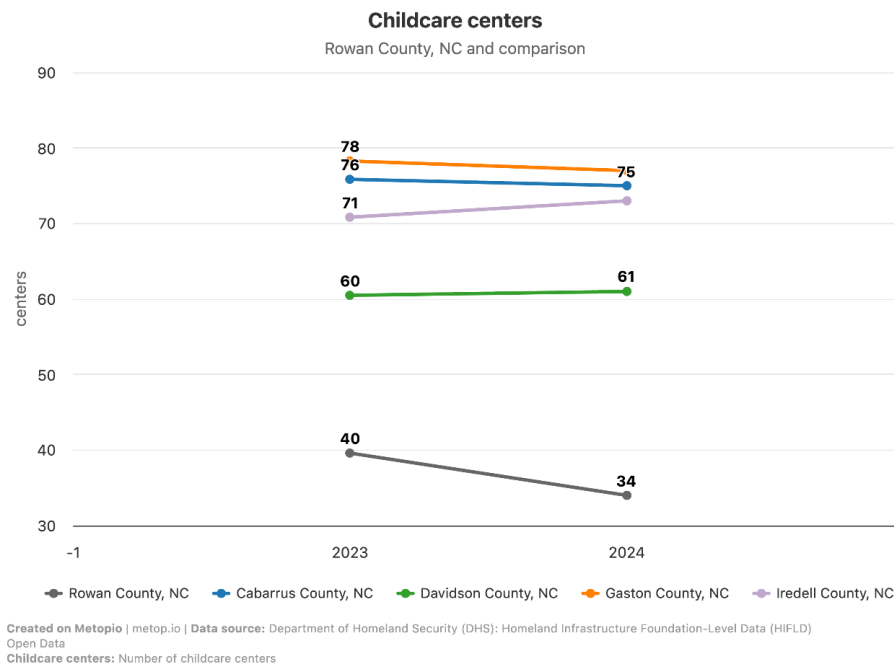
Child mortality also presents a concern. Between 2019 and 2022, Rowan County’s child mortality rate was 60.5 deaths per 100,000 residents under age 20, slightly below the state average but higher than neighboring counties. The racial gap is stark: Black children (115.8) experience mortality rates nearly double the county average, while Hispanic or Latino children (39.4) have the lowest. These figures underscore the importance of equity-focused pediatric care and addressing social determinants of health.



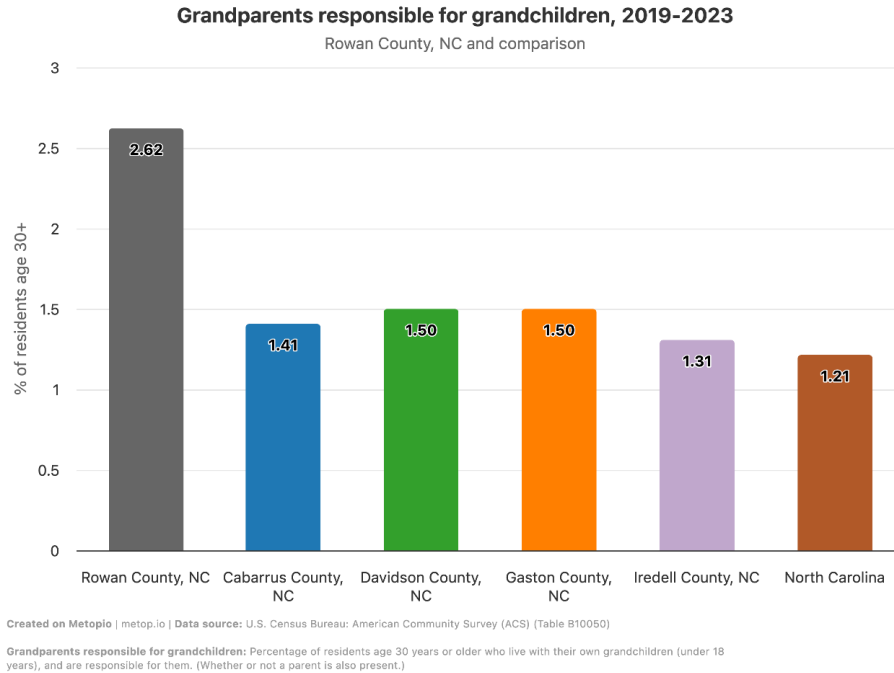
As children grow, their environment plays a critical role in shaping health and development. The Child Opportunity Index places Rowan County in the “Very Low” category, with a score of 17, compared to Cabarrus (63, High) and Iredell (56, Moderate). This means many neighborhoods lack access to quality education, healthcare, safe housing, and recreational spaces—conditions essential for healthy development. Improving this index requires investments in early childhood education, community infrastructure, and family support services.



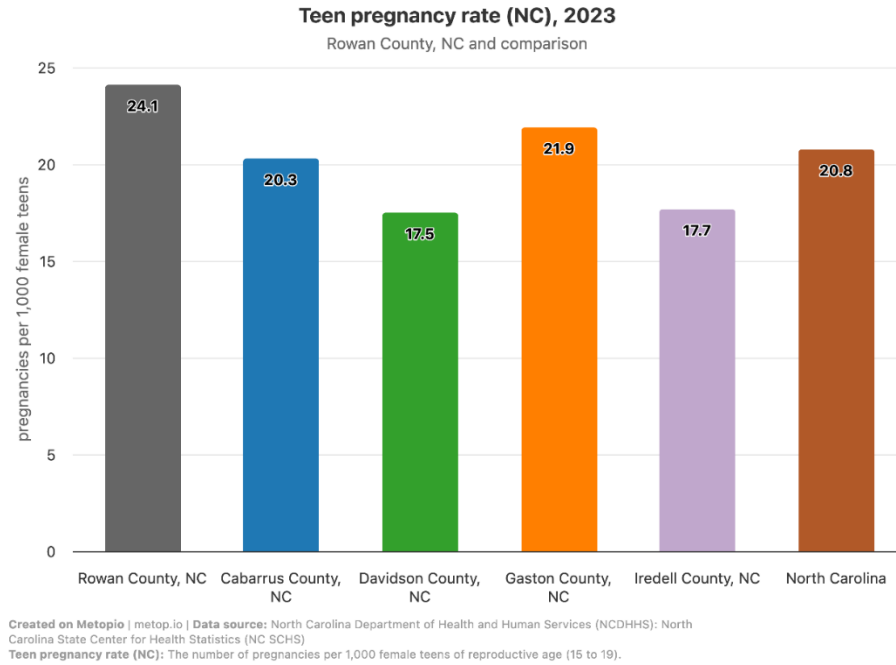
Childcare access is another barrier. In 2023, Rowan County had 40 licensed childcare centers, but that number dropped to 34 in 2024. Compared to Cabarrus (76) and Gaston (78), Rowan County’s limited childcare infrastructure creates challenges for working families and may hinder early learning and development.



Multigenerational caregiving is more common in Rowan County than elsewhere. From 2019 to 2023, 2.62% of residents aged 30 and older were responsible for their own grandchildren, more than double the state average (1.21%). This dynamic highlights the need for support services tailored to grandparents raising children, including financial assistance, mental health resources, and parenting support.

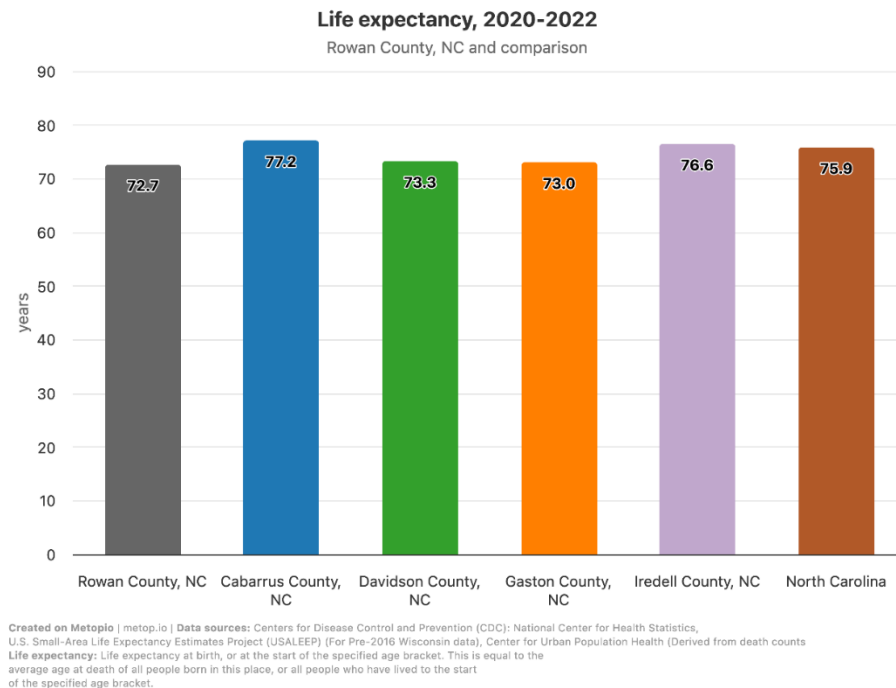


As children enter adolescence, Rowan County faces challenges in reproductive health and youth engagement. The teen pregnancy rate has declined from 28.8 per 1,000 females aged 15–19 in 2019 to 24.1 in 2023, the lowest in six years. However, the rate remains above the state average (20.8) and neighboring counties. Racial disparities persist: Hispanic or Latino teens (40.7) and Black teens (35.8) have significantly higher rates than White teens (15.8). These patterns highlight the need for culturally responsive reproductive health education and expanded access to contraception.

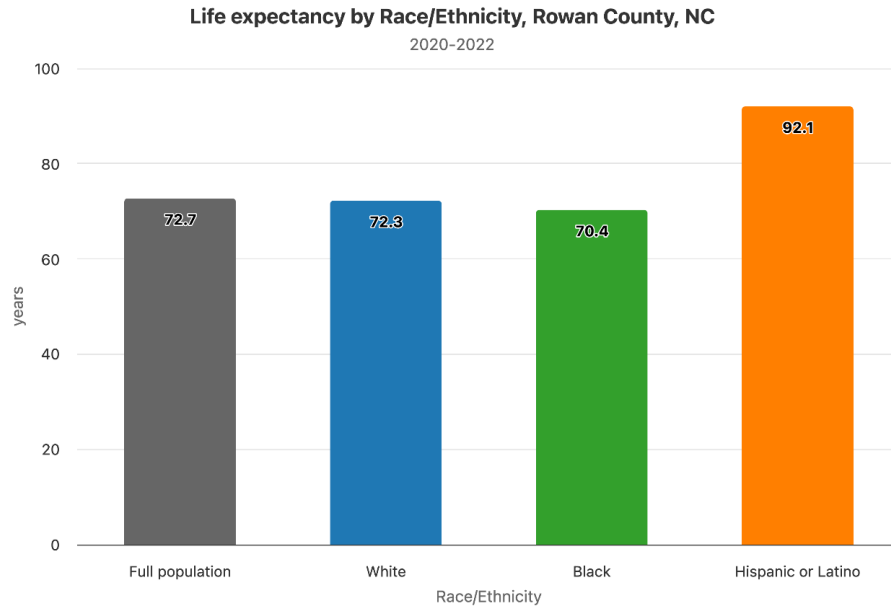


Theme: Overall Health

Life expectancy is one of the most powerful indicators of a community’s overall health—and in Rowan County, it’s moving in the wrong direction. Between 2016–2018 and 2020–2022, life expectancy declined from 75.2 years to 72.7 years, a drop of nearly three years. This reversal contrasts sharply with the North Carolina average of 75.9 years and neighboring counties like Iredell (76.6 years) and Cabarrus (77.2 years), signaling widening health disparities across the region.



The racial differences in life expectancy are especially stark. Black residents in Rowan County have the lowest life expectancy at 70.4 years, while Hispanic or Latino residents show an unusually high estimate of 92.1 years, which may reflect unique demographic factors or data anomalies. Overall, the decline in life expectancy points to deeper systemic challenges—such as chronic disease, socioeconomic stressors, and limited access to healthcare—that disproportionately affect vulnerable populations.

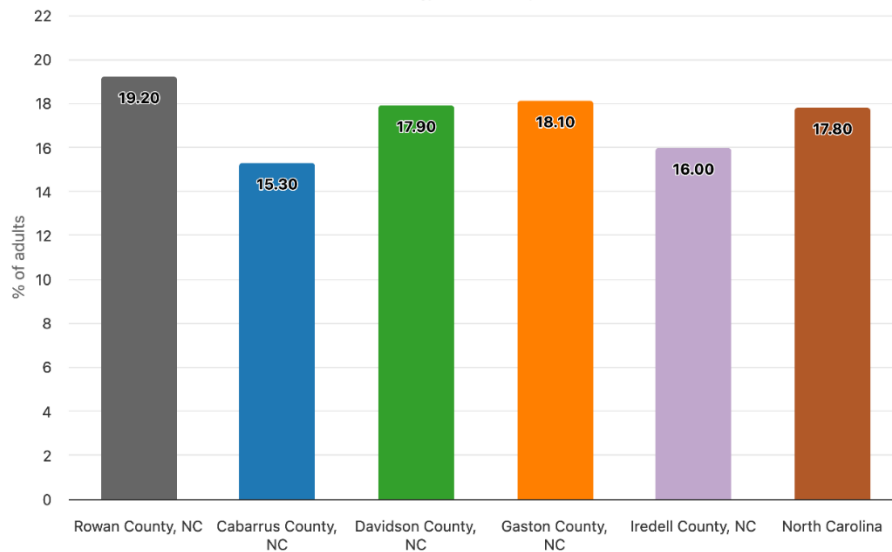


Created on Metopio | metop.io | Data sources: Centers for Disease Control and Prevention (CDC): National Center for Health Statistics, U.S. Small-Area Life Expectancy Estimates Project (USALEEP) (For Pre-2016 Wisconsin data), Center for Urban Population Health (Derived from death counts). Life expectancy: Life expectancy at birth, or at the start of the specified age bracket. This is equal to the average age at death of all people born in this place, or all people who have lived to the start of the specified age bracket.

These challenges are echoed in how residents perceive their own health. From 2016 to 2022, the percentage of adults reporting fair or poor health fluctuated significantly. It rose from 15.9% in 2016 to a peak of 20.9% in 2018, then dropped sharply to 15.0% in 2020, likely due to disruptions in healthcare access and reporting during the COVID-19 pandemic. By 2022, the rate rebounded to 19.2%, remaining above the state average of 17.8%.

Self-reported fair or poor health, 2022

Rowan County, NC and comparison

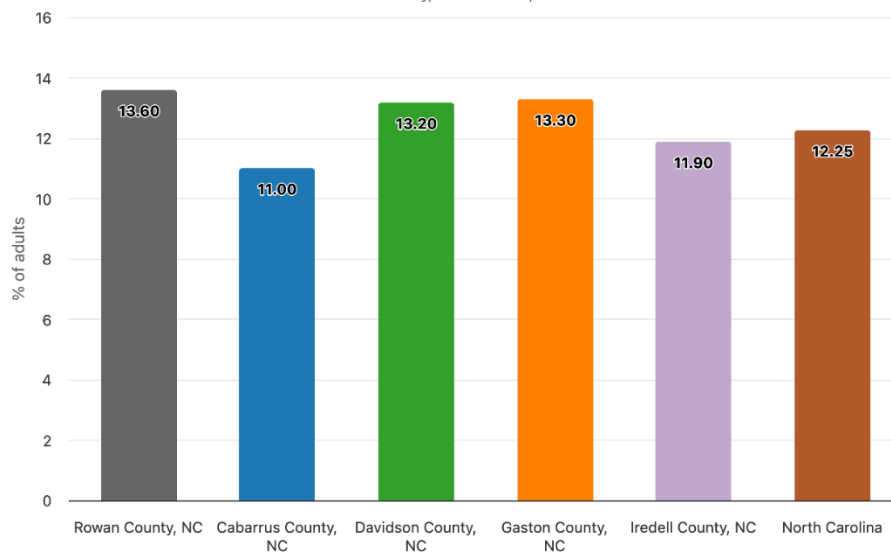


Created on Metopio | metop.io | Data sources: Behavioral Risk Factor Surveillance System (BRFSS) (for state and MSA), University of Wisconsin Population Health Institute: County Health Rankings (Calculated using data from BRFSS and UW Population Institute), Self-reported fair or poor health: Percent of resident adults aged 18 and older with self-reported fair or poor health status.

Self-reported poor physical health days followed a similar pattern. In 2018, 13.7% of adults reported frequent poor physical health days, which fell to 10.8% in 2020, then climbed back to 13.6% in 2022. These trends suggest that while the pandemic may have temporarily suppressed reporting—possibly due to reduced healthcare visits or under recognition of symptoms—the long-term impacts of stress, isolation, and chronic illness have resurfaced.

Self-reported poor physical health, 2022

Rowan County, NC and comparison



Created on Metopio | metop.io | Data source: Centers for Disease Control and Prevention (CDC): PLACES (for county, zip code, and census tract) Self-reported poor physical health: Percent of resident adults aged 18 and older who report 14 or more days during the past 30 days during which their physical health was not good.

Together, these indicators paint a sobering picture: Rowan County residents are living shorter lives and reporting poorer health, especially among communities of color and those facing economic hardship. Addressing these issues will require a multi-pronged approach—including improved access to preventive care, chronic disease management, mental health support, and community-based health promotion efforts.

Secondary Data Resource

A comprehensive list of secondary data indicators, measures, and sources is available in Appendix G, which serves as a valuable reference for understanding the scope and depth of data used in community health assessments.

Limitations of the Assessment

While a CHNA provides valuable insights into the health status, priorities, and resources of a community, it is not without limitations. The data collected represents a snapshot in time and may not capture emerging trends or rapidly changing conditions. Survey participation is voluntary, which can lead to underrepresentation of certain populations, especially those who face barriers to engagement such as language, transportation, or access to technology. Self-reported survey data may also be subject to bias or inaccuracies, and secondary data sources can vary in quality, timeliness, and completeness. Additionally, the CHNA cannot fully capture the complexity of all factors influencing health, nor can it account for every perspective in a diverse community. These limitations highlight the importance of using the CHNA as one tool among many in guiding decision-making, while continuing to gather feedback and monitor community health over time.

PRIORITIZATION OF HEALTH NEEDS

Priority Setting Process






To identify the most pressing health concerns in Rowan County, the CHNA steering committee engaged in a structured evaluation and voting process, followed by a structured priority-setting exercise to identify the most pressing health needs in Rowan County. After reviewing survey data, expert presentations, and focus group insights, committee members evaluated a comprehensive list of health topics, including:

- Mental Health
- Substance Use
- Access to Primary Care
- Access to Dental Care
- Chronic Diseases
- Food Access
- Access to Physical Activity
- Transportation
- Housing
- Education
- Employment
- Crime and Safety
- Environmental Health Factors

Each topic was assessed using a five-point Likert scale (1 = low priority, 5 = high priority) across five key criteria:

1. Magnitude of the Problem – How widespread is the issue across the community?
2. Severity of Outcomes – What is the impact on life, health, and well-being?
3. Disparities – Does the issue disproportionately affect certain populations?
4. Community Concern – Have residents and stakeholders voiced concern about this issue?
5. Feasibility – Are there resources and capacity available to address the issue effectively?

Using a Microsoft Form, each committee member selected their top five priority health areas. The most frequently selected topics were:

	Mental Health
	Housing
	Access to Care
	Chronic Disease Prevention
	Substance Abuse

The full list of evaluated topics included over 30 distinct health concerns, ranging from Environmental Health Factors to Employment and Healthy Lifestyles.

This comprehensive scoring and selection process ensured that the final priorities were not only data-driven but also reflective of community voices and the lived experiences of Rowan County residents. It also helped align future health improvement efforts with areas that are both impactful and actionable.

Health Needs Not Selected

Rowan County Public Health, Novant Health Rowan Medical Center, Rowan County United Way, and Healthy Rowan recognize all the health areas listed above significantly influence the health and well-being of Rowan County residents. They are integral components of the social determinants of health and often intersect with the selected priority areas. The collaborative partners remain committed to continuously monitoring these health factors to better understand their evolving impact and to inform future strategies that promote equity and improve outcomes across the community.

2025 Priority Health Areas

To streamline efforts and to enhance the impact of health improvement strategies, the steering committee consolidated the top five priority areas into three overarching categories. Mental health and substance use were grouped under the umbrella of Behavioral Health, recognizing the interconnected nature of these issues and the need for integrated approaches to care and support. Housing was defined more broadly to include affordable, accessible, and livable housing, acknowledging the critical role stable housing plays in physical and mental well-being. Lastly, Access to Care and Chronic Disease Prevention were combined into a comprehensive category called Healthy Lifestyles. This category also encompasses access to healthy foods and opportunities for physical activity, which are essential components in preventing and managing chronic conditions. By organizing the priorities in this way, the collaborative partners aim to foster more coordinated, holistic, and sustainable solutions to improve health outcomes across Rowan County.

Prioritized
Need 1

Behavioral Health (Substance Use and Mental Health)

Mental health and substance use were identified as deeply interconnected priority health concerns in Rowan County. Community input and data revealed rising rates of anxiety, depression, and stress—particularly among youth and older adults—alongside increasing concerns about addiction and overdose. These issues often co-occur, with untreated mental health conditions contributing to substance misuse, and substance use disorders exacerbating mental health challenges. Both are compounded by limited access to care, stigma, and a shortage of behavioral health providers. The CHNA steering committee recognized that addressing these overlapping issues requires a coordinated approach that includes prevention, education, integrated treatment services, and community-based support for recovery. Tackling mental health and substance use together is essential to improving individual well-being, family stability, and broader community health outcomes.

Significant Need Reasoning

Mental Health ranked **as the top** health condition by **CHNA Steering Committee**.
Substance use ranked **as the 2nd** top health condition by **CHNA Steering Committee**.

Secondary data shows that Rowan County had a higher drug overdose mortality rate between 2019 and 2023 compared to peer counties, the North Carolina rate and the United States.

Community Health Survey

Over half of Latino/a respondents (55.9%) said they feared negative judgment from family or community for seeking mental health care—highlighting how stigma remains a major barrier to treatment.

5.2 Days per Month

In 2022 Rowan County residents reported having 5.2 poor mental health days per month. This rate is higher than Rowan’s peer counties and the rate of North Carolina as a whole.

Suicide Mortality
Rowan County – 17.8
North Carolina – 14.3
per 100,000 deaths

Substance Use Treatment Facilities per capita
Rowan County – 4.03
North Carolina – 4.32
per 100,000 residents

Contributing Factors

Contributing factors to poor mental health and substance use in Rowan County are multifaceted and often interconnected. Social isolation, economic stress, trauma, and housing instability were frequently cited in community feedback as underlying drivers of both mental health challenges and substance misuse. Limited access to behavioral health services, stigma surrounding treatment, and a shortage of providers further exacerbate these issues, making it difficult for individuals to seek and to receive timely support. These factors not only impact individual well-being but also ripple through families and communities, reinforcing cycles of poor health and vulnerability.

**Prioritized
Need 2**

Housing

(Affordable, Accessible and Livable)

Housing was identified as a critical health priority in Rowan County due to its strong influence on physical, mental, and social well-being. Community feedback and data revealed widespread concerns about housing insecurity, rising rental costs, and substandard living conditions—issues that disproportionately affect low-income families, seniors, and individuals with disabilities. Housing instability often overlaps with other health challenges, contributing to stress, poor mental health, and barriers to accessing care and maintaining employment. These conditions also intersect with substance use and chronic illness, compounding health risks for vulnerable populations. The CHNA steering committee emphasized that improving access to safe, stable, and affordable housing is essential to addressing broader social determinants of health and advancing equity across the county.

Significant Need Reasoning		
<p>Housing ranked as the 3rd top health condition by CHNA Steering Committee.</p> <p>Housing ranked as the top community issue by the community health survey respondents.</p>	<p>Secondary data shows that 25.23% of all occupied housing units in Rowan County spend more than 30% of income on housing and are considered housing cost-burdened. This percentage includes both renters (rent) and owners (mortgage and other owner costs). For renters, costs include any utilities or fees that the renter must pay, but do not include insurance or building fees.</p>	
<p>Community Health Survey</p> <p><i>While almost half of respondents (49.2%) own their homes, nearly 1 in 10 live in unstable housing situations—including shelters, motels, or outdoors—highlighting ongoing housing insecurity in the community.</i></p>	<p>Homeless Point-in-Time (PIT) Count</p> <p>A Homeless Point-in-Time (PIT) Count is a countywide effort conducted annually to estimate the number of individuals and families experiencing homelessness on a single night. The PIT is conducted by Rowan Helping Ministries each year.</p> <p>2025 Count</p> <p>Unsheltered – 76 individuals Sheltered – 107 individuals</p>	
	<table border="1"> <tr> <td> <p>Housing Insecurity</p> <p>Rowan County – 16.6 North Carolina – 14.3</p> <p><small>% of adults</small></p> </td> <td> <p>Severe Housing Problems</p> <p>Rowan County – 13.39 North Carolina – 14.18</p> <p><small>% of housing units</small></p> </td> </tr> </table>	<p>Housing Insecurity</p> <p>Rowan County – 16.6 North Carolina – 14.3</p> <p><small>% of adults</small></p>
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Contributing Factors		
<p>Contributing factors to housing instability and poor housing conditions in Rowan County include rising rental costs, limited availability of affordable housing, and aging or substandard housing stock. Economic challenges such as low wages, unemployment, and fixed incomes—especially among seniors and individuals with disabilities—make it difficult for many residents to secure and maintain stable housing. Additionally, barriers like long waitlists for housing assistance, lack of transportation to housing resources, and zoning or development constraints further exacerbate the issue. These factors not only affect where people live but also influence their access to healthcare, education, and employment, reinforcing broader health disparities.</p>		

**Prioritized
Need 3**

Healthy Lifestyles

(Chronic Disease prevention and access to healthy food, physical activity and primary care)

Healthy lifestyles were identified as a key health priority in Rowan County due to their broad impact on physical and social well-being. Community feedback and data pointed to challenges such as limited access to nutritious food, safe spaces for physical activity, and health education—particularly in rural and underserved areas. These barriers often intersect with other health concerns, including chronic disease and transportation, creating compounding risks for poor outcomes. Lack of transportation, economic hardship, and environmental factors further limit opportunities for residents to engage in healthy behaviors. The CHNA steering committee emphasized that promoting healthy lifestyles through equitable access to resources, education, and supportive environments is essential to improving long-term health and reducing disparities across the county.

Significant Need Reasoning		
<p>Access to affordable healthy food ranked as the 2nd top community issue by the community health survey respondents.</p> <p>Chronic Disease prevention was the 4th top health issue by CHNA Steering Committee.</p>	<p>Secondary data shows between 2018 and 2022, six of the ten leading causes of death in Rowan County were chronic diseases, including heart disease, cancer, chronic lower respiratory disease, cerebrovascular disease, diabetes and Nephritis, Nephrotic Syndrome, and Nephrosis. These conditions contributed to a total mortality rate significantly higher than the state average, underscoring the need for long-term prevention and management strategies.</p>	
<p>Community Health Survey</p> <p><i>Nearly 1 in 5 people (20.2%) reported difficulty accessing fresh fruits and vegetables—most often due to high cost and poor quality.</i></p>	<p>Primary Care Providers (PCP) Per Capita</p> <p>Rowan County has significantly fewer primary care providers compared to state averages, with only 34.7 providers per 100,000 residents, while North Carolina averages 83.9. This shortage limits access to routine care, early intervention, and chronic disease management, contributing to poorer health outcomes across the county.</p>	
	<p>Food Insecurity</p> <p>Rowan County – 16 North Carolina – 15</p> <p><small>% of residents</small></p>	<p>Access to Physical Activity</p> <p>Rowan County – 69.88 North Carolina – 74.53</p> <p><small>% of population</small></p>
Contributing Factors		
<p>Contributing factors to food insecurity, lack of access to physical activity, limited primary care access, and poor chronic disease management in Rowan County are closely tied to broader social and economic conditions. Barriers such as low income, transportation challenges, and geographic isolation—especially in rural areas—limit residents’ ability to access healthy food, safe spaces for physical activity, and consistent medical care. Additionally, a shortage of healthcare providers, lack of insurance coverage, and limited health literacy further hinder chronic disease prevention and management. These interconnected challenges reinforce health disparities and highlight the need for coordinated community-based solutions.</p>		

Next Steps: Community Health Improvement Plan (CHIP)

The Community Health Improvement Plan (CHIP) is a strategic framework developed from the findings of the CHNA, designed to guide collaborative efforts in addressing Rowan County’s priority health issues. Partnering organizations will use CHNA data to inform the CHIP’s structure, ensuring that strategies are rooted in community-identified needs and evidence-based practices. The CHIP employs the Results-Based Accountability (RBA) model to measure progress and impact. This includes defining clear result statements, identifying headline indicators with baseline data, and applying “Turn the Curve Thinking” to analyze trends and develop responsive strategies. Each priority area includes specific programs and initiatives—both within the health department and across the broader community—with performance measures categorized by “How much?”, “How well?”, and “Are people better off?”. The Healthy Rowan Coalition will lead the development of CHIP Action Plans, coordinating efforts across sectors to implement what works. Progress notes for each initiative will be updated annually and included in the State of the County Health (SOTCH) report, providing transparency and accountability to the public while tracking meaningful health improvements over time.

Approval of Community Health Needs Assessment

The 2025 CHNA has been reviewed and approved by the leadership of the Rowan County Public Health Department on February 11, 2026, in accordance with state guidelines. The findings and priorities outlined in this report reflect a collaborative effort among public health professionals, community stakeholders, and residents. The department affirms its commitment to using this assessment as a foundation for strategic planning, resource allocation, and community health improvement initiatives.

COMMUNITY RESOURCE INVENTORY

Overview of Community Resource Inventory

The Community Resource Inventory is a tool designed to catalog and map the services, programs, and support available to residents across Rowan County. It includes resources related to the identified priority of health areas. This inventory aims to improve coordination among service providers and ensure that community members can easily locate and access the help they need.

One of the most powerful insights that emerged from the Rowan Community Health Forum focus groups was the realization that many residents are unaware of the resources available to them, even when those resources are designed to meet their most pressing needs. Participants shared stories of neighbors struggling with housing, food insecurity, or mental health challenges, not because help wasn't available, but because they didn't know where to look or how to navigate the system. This disconnect between resource availability and community awareness was identified as a critical barrier to health equity and well-being.

Healthy Rowan Involvement in Process

In response to this concern, the Healthy Rowan Coalition mobilized its members to create a Community Resource Inventory, a centralized, user-friendly catalog of services across Rowan County. During the September Healthy Rowan meeting, coalition members came together for a dedicated working session to build this inventory from the ground up. They reviewed existing guides, community platforms, and organizational lists, and made direct calls to local agencies to verify key details such as services offered, eligibility requirements, hours of operation, and contact information. Members also contributed insights from their own professional networks and lived experiences, ensuring the inventory reflected both formal systems and grassroots supports.

This collaborative process was more than just data collection—it was a community-driven validation effort. Coalition members worked to ensure that the information was not only accurate but also relevant, inclusive, and accessible to diverse populations, including those who are often left out of traditional outreach efforts. The result is a resource inventory that lives in Appendix H, designed to serve as a practical guide for residents, service providers, and community leaders alike.

Importantly, the inventory is not just a static list—it is a response to the voices of the community, a reflection of their needs, and a commitment to closing the gap between services and the people who need them most. By leveraging trusted community spaces and improving communication strategies, the Healthy Rowan Coalition aims to make this tool a living resource that evolves with the community and empowers residents to take charge of their health and well-being.

Partnership Resources

Novant Health: MyCommunity

Novant Health’s MyCommunity platform is a free, user-friendly tool designed to connect individuals with essential social services and support systems in their local area. Powered by FindHelp and accessible online at nhmycommunity.auntbertha.com, the platform allows users to search by ZIP code for free or reduced-cost resources such as food pantries, medical care, housing assistance, job training, and transportation services. MyCommunity is part of Novant Health’s broader commitment to addressing social determinants of health and improving health equity. It is actively used by healthcare providers to make real-time referrals for patients in need, including those experiencing food insecurity. The platform also integrates with clinical workflows, enabling providers to screen patients and guide them to appropriate community resources, often through QR codes placed in exam rooms for easy access.

United Way: 2-1-1

NC 211 is a free, confidential, and multilingual health and human services information and referral system available 24 hours a day across all 100 North Carolina counties. Managed by United Way of North Carolina and supported by local United Ways throughout the state, NC 211 has earned recognition as a trusted and reliable resource for individuals and families seeking assistance. It plays a critical role in statewide emergency response efforts as a member of the State Emergency Response Team. North Carolinians can access NC 211 by dialing 2-1-1, calling 1-888-892-1162, or visiting www.nc211.org, where they can find help with housing, food, healthcare, employment, and other essential services.

Current Programs and Collaborations

Behavioral Health

Substance Use

Medication Take Back

Rowan County has established a robust and collaborative medication take back program aimed at reducing the risk of prescription drug misuse and promoting safe disposal practices. Over the years, the program has expanded through strategic partnerships with organizations such as the Center for Prevention Services, YSUP Rowan, Novant Health Rowan Medical Center, Rowan County Animal Services, and local law enforcement agencies. These partners work together to remove unused and expired medications from homes, helping to prevent accidental ingestion, misuse, especially among youth, and environmental harm.

Currently, there are 11 permanent medication drop boxes located throughout the county, providing residents with convenient, year-round access to safe disposal options. In addition to these boxes, Rowan County Public Health and its partners host multiple takeback events annually, ensuring coverage across all quadrants of the county. These events are designed to reach diverse communities and offer accessible opportunities for safe

disposal. Since 2016, the program successfully collected 202,392.9 pounds of medications, demonstrating its significant impact and the community's strong engagement in preventing prescription drug misuses.

Drug Free Communities

YSUP Rowan (Youth Substance Use Prevention) is a Drug-Free Communities (DFC) grantee coalition committed to reducing youth substance use and fostering healthy decision-making throughout Rowan County. As a DFC-funded initiative, YSUP Rowan leverages federal support to implement evidence-based strategies focused on alcohol and marijuana prevention, youth leadership development, and community education. The coalition hosts parent and youth education nights, youth-led projects, and awareness campaigns that engage families and schools in meaningful dialogue and action. Through strong partnerships with local organizations, schools, and families, YSUP Rowan empowers young people to lead change and builds a safer, healthier community for all.

Opioid Settlement

Rowan County Public Health utilizes the opioid settlement funding to expand access to critical services that support individuals impacted by substance use. Through this funding, the HOPE (Harm Reduction, Outreach, Prevention, and Education) program is able to provide peer support, harm reduction resources, and stronger connections to care by partnering with local agencies. These efforts aim to reduce overdose risk and promote long-term recovery in our community.

- **Peer support services:** HOPE partners with Novant Health, the Rowan County Sheriff's Department, EMS, DSS, and other local agencies to provide Peer Support Services for individuals in need of support, resources, and connection to care. HOPE's peer support specialists meet people where they are, in a nonjudgmental and compassionate setting, offering understanding through shared personal experience. They support individuals regardless of where they are in their substance use or recovery journey, helping them take the next steps at their own pace.
- **Early Intervention:** HOPE is partnering with Vaya to bring Youth Mental Health First Aid trainings to Rowan County. In addition to this, we will offer educational sessions on a variety of topics, including substance use, mental health, prevention strategies, and trauma-informed care. HOPE also works to educate the community about current drug trends and the contents of the local drug supply, helping to raise awareness and promote safety.
- **Naloxone distribution:** HOPE distributes free nasal Narcan throughout the community—available at the Health Department, in person, and at community events or trainings. We also offer training sessions on how to recognize the signs of an overdose and properly administer Narcan. In partnership with the Rowan County Sheriff's Department, HOPE has installed Narcan vending machines in both county jails, providing 24/7 access to this life-saving medication at no cost.
- **Post Overdose Response Team:** HOPE, in collaboration with Rowan County Emergency Medical Services, responds to overdose calls throughout the county. Our Community Paramedic and Peer Support Specialists work together to engage individuals who have experienced a nonfatal overdose, offering support and connecting them to care, treatment options, and other vital resources.
- **Syringe service program:** HOPE has established a Syringe Services Program (SSP) at the Rowan County Health Department, along with a mobile outreach service. The SSP provides free harm

reduction supplies, including safer injection materials, safer sex kits, and wound care items. In addition, wound care support and testing for HIV, Hepatitis B, and Hepatitis C are available through the Health Department.

Mental Health

Community Resiliency Model

Rowan County, in partnership with Healthy Rowan, has embraced the Community Resiliency Model (CRM) as a foundational approach to strengthening community well-being and emotional health. CRM is a trauma-informed framework that teaches individuals simple, biologically-based wellness skills to help themselves and others manage stress and build resilience. Recognizing the growing need for mental health support and emotional regulation tools, Healthy Rowan has worked collaboratively with schools, nonprofits, health care providers, and faith-based organizations to train community members in CRM techniques and integrate them into everyday settings.

Through these partnerships, Rowan County has been able to build local capacity by equipping educators, frontline workers, and community leaders with practical tools to support emotional wellness. CRM has been used in classrooms, clinics, and community events to help individuals recognize and respond to stress in healthy ways. This approach not only empowers individuals but also fosters a culture of care and connection across the county. By embedding resiliency practices into existing systems, Rowan County is creating a more responsive and emotionally resilient community—one that is better prepared to face challenges and support one another through adversity.

Suicide Prevention Trainings

Rowan County Public Health has taken a proactive approach to suicide prevention by facilitating a variety of trainings aimed at reducing stigma and empowering community members. These trainings are designed to help individuals recognize the warning signs of a potential suicide attempt, understand how to respond with compassion and confidence, and develop safety plans with those at risk. By equipping residents, educators, service providers, and community leaders with practical tools and knowledge, Rowan County is fostering a more informed and supportive environment. The goal is to ensure that every person, regardless of background, has someone nearby who knows how to help in a moment of crisis. Through these efforts, the county is building a network of care that prioritizes early intervention, connection, and hope.

First Responder 988 Campaign

Rowan County Public Health collaborated with multiple municipalities to launch a strategic 988 awareness campaign, designed to both educate the public and support first responders. This two-pronged initiative aimed first to improve residents' understanding of the 988 crisis line as a vital mental health resource, and second to remind first responders of its value in managing the emotional toll of their work. To amplify visibility, the campaign utilized first responder vehicles as mobile messaging platforms, outfitting them with eye-catching 988 magnets and stickers. This creative approach not only

reinforced the message throughout the community but also served as a daily reminder to emergency personnel that help is available for those they serve and for themselves.

Healthy Lifestyles

Physical Activity

Rowan Moves

Rowan Moves is a county-wide initiative led by Rowan County Public Health and Healthy Rowan, designed to inspire and support physical activity among residents of all ages and abilities. The program encourages individuals, families, and groups to get active by exploring local parks, greenways, gyms, and other community spaces. Through its interactive platform [RowanMoves.com](https://www.RowanMoves.com), participants can log their steps, join teams, and track progress on monthly leaderboards, fostering a sense of community and friendly competition. The initiative also includes creative outreach efforts, such as TikTok-style fitness videos produced by Catawba College students, making movement fun and accessible. Rowan Moves recognizes that physical activity looks different for everyone and offers tools to convert various exercises into step counts, helping users visualize their progress and stay motivated. By promoting movement in diverse and inclusive ways, Rowan Moves aims to improve overall health outcomes and build a more active, connected Rowan County.

Daily Mile

The Daily Mile is an evidence-based intervention that began being implemented in Rowan County by Healthy Rowan to promote physical activity and improve student wellness. Recognizing the importance of movement for both physical and mental health, Healthy Rowan introduced the concept to local schools, encouraging students to walk for 15 minutes each day. The success and simplicity of the program led to its formal adoption by the Rowan-Salisbury School System, which has since integrated it into its wellness efforts to ensure long-term sustainability. Today, the Daily Mile continues to thrive across the district, helping students build healthy habits, improve focus, and foster a culture of wellness in the classroom and beyond.

Physical Activity Programs

The City of Salisbury Parks and Recreation Department demonstrates a strong commitment to community engagement and physical activity through its diverse programming and innovative outreach. Managing over 500 acres of parkland, including 28 parks, greenways, and recreation centers, the department offers year-round opportunities for residents of all ages to stay active and connected. One standout initiative is the Mobile Park and Play program, which brings recreational activities directly into neighborhoods, removing barriers to access and encouraging play in underserved areas. This mobile unit features games, sports equipment, and interactive activities, creating pop-up park experiences that foster community connections and promote healthy lifestyles. Through creative programming and inclusive access, Salisbury Parks and Recreation continue to be a driving force in building a vibrant, active community.

Rufty-Holmes Senior Center in Rowan County offers a robust lineup of fitness programs designed to support the health and wellness of adults aged 55 and older. With both land and water-based classes, personal fitness instruction, and access to a fully equipped workout floor and warm water pool, the center provides inclusive opportunities for seniors to stay active and engaged. These programs are tailored to meet a variety of mobility and fitness levels, promoting physical activity as a key component of healthy aging. Through its welcoming environment and diverse offerings, Rufty-Holmes continues to be a vital resource for older adults seeking to maintain independence and improve their quality of life.

The **Rowan-Cabarrus YMCA** partners with Novant Health, the United Way of Rowan County, and Rowan-Salisbury Schools (RSS) to expand access to health, wellness, and youth development opportunities throughout the community.

Through its collaboration with Novant Health, the YMCA enhances community well-being by offering resources that promote healthier lifestyles at its Rowan County branches. The partnership with the United Way of Rowan County ensures that essential programs reach families in greatest need. Additionally, the YMCA's work with Rowan-Salisbury Schools supports youth development by fostering academic achievement, character growth, and lifelong wellness.

Nutrition

Food Pharmacy

Expanding Rowan County's commitment to Lifestyle Medicine and nutrition-focused care, the Food Pharmacy program at Main Street Meeting and Marketplace offers a unique, community-based approach to chronic disease prevention and management. Designed to reduce nutrition insecurity, the program provides families with three weekly meal kits—including recipes and all ingredients—to support healthy eating habits. Participants also receive essential cooking tools like a blender, measuring cups, and a spice kit, along with access to weekly consultations with a registered dietitian, chronic disease management classes, and a six-month YMCA membership. This initiative aligns with Lifestyle Medicine principles by using food as a therapeutic tool and empowering families to take control of their health through education, access, and support. Made possible through partnerships with Healthy Rowan, South Rowan YMCA, Rowan Health & Wellness, Novant Health, and Catawba College, the Food Pharmacy program is a model for how community collaboration can drive sustainable health outcomes.

SNAP and Double Bucks

The Salisbury Rowan Farmers Market has expanded its commitment to food access by accepting SNAP benefits, making fresh, local produce more accessible to families across Rowan County. In partnership with Rowan Food and Farm Network, the market also implemented a "Double Bucks" program, allowing SNAP recipients to double the value of their benefits on select Saturdays. This initiative not only increases purchasing power but also encourages healthier eating habits by making nutritious, locally grown foods more affordable. Through this collaboration, the market serves as a vital hub for both food equity and community wellness.

WIC and Senior Farmers Market Vouchers

A central component of Rowan County’s health and food access efforts is the voucher program developed through partnerships with Rowan Food and Farm Network, Rowan-Salisbury Farmers Market, WIC, and Salisbury Pediatrics. This initiative provides fresh food vouchers to pediatric patients on Medicaid, integrating nutrition directly into clinical care. WIC participants also receive vouchers to support healthy eating for pregnant individuals and families with young children. By connecting families to fresh, local produce through the Salisbury Rowan Farmers Market, the program strengthens community health while making nutritious food more accessible to those who need it most.

Access to Care

Lifestyle Medicine

Lifestyle Medicine is an evidence-based approach to preventing, treating, and even reversing chronic diseases by addressing root causes through healthy behaviors such as nutrition, physical activity, stress management, and sleep. In Rowan County, both the Community Care Clinic of Rowan and Rowan County Public Health have embraced this model, with providers trained to implement Lifestyle Medicine principles in their clinical practice. Both clinics incorporate personalized lifestyle interventions into patient care, helping individuals manage and improve conditions like diabetes, hypertension, and obesity.

Community Care Cruiser

Novant Health Rowan Medical Center has expanded its commitment to community health with the launch of a new Community Care Cruiser, a mobile health unit designed to bring essential services directly to underserved neighborhoods. This innovative cruiser is part of Novant Health’s broader strategy to advance health equity by removing barriers to care and meeting residents where they are. Staffed by a dedicated community engagement team, medical interpreters, and volunteers, the cruiser offers free health screenings, immunizations, nutrition education, physical assessments, and referrals to primary and specialty care. By partnering with local organizations and deploying the cruiser throughout Rowan County, Novant Health is ensuring that more residents have access to timely, preventive care and health education—right in their own communities.

Housing

Housing Advocacy Commission

In 2025, the City of Salisbury’s Housing Advocacy Commission (HAC) – a nine member advisory board appointed by the City Council – launched a new initiative called “Rental Health” aimed at hosting events and creating educational content that illuminates aspects of the rental experience and informs both renters and landlords of their rights and responsibilities. Last March was an inaugural event to recognize Fair Housing month that brought together tenants, service providers, and an expert panel. A neighborhood-based program was held in the summer that focused on the West End neighborhood. The Housing Advocacy Commission hopes to expand its reach with additional neighborhood focused events, a video series and updated brochures translated into Spanish and English.

Roofs Over Rowan

UNC-Chapel Hill has launched the Carolina Across 100 initiative to create meaningful partnerships with communities in all of North Carolina’s 100 counties. The program aims to build and support cross-sector collaboratives to respond effectively to our state’s current challenges and opportunities. The initiative includes a special focus on housing issues. The UNC School of Government’s Development Finance Initiative is leading a program called “Our State, Our Homes” which is bringing together community leaders to better understand the context and challenge of affordable housing and related issues and to design and implement strategies to improve access to – and availability of – affordable housing.

In Rowan County, we are tackling the affordable housing crisis through a creative partnership between Salisbury Community Development Corporation, the City of Salisbury, the Town of Spencer, Carroll-Fisher Construction Company, and F&M Bank. The program is an 18-month process involving multiple forums in Chapel Hill, where our team (Roofs Over Rowan) is collaborating with communities and experts across the state to strategize on affordable housing. We are working across local government, the private sector, and philanthropic partners on innovative strategies to accelerate the creation, preservation, and rehabilitation of affordable housing in Salisbury and Rowan County, and to finance affordable housing at scale. We are exploring new types of funds that combine resources, recycle dollars, and leverage bank investment, and we are excited to continue strategizing in the months ahead.

Programs and Resources Needed

Behavioral Health

- Integrated Behavioral Health Services:
 - Expand school-based behavioral health support.
 - Increase peer support specialists and trauma-informed care training.
 - Improve provider availability and reduce wait times.
- Community Education and Stigma Reduction:
 - Mental health literacy campaigns targeting parents, educators, and caregivers.
 - Culturally responsive outreach, especially for Latino/a populations.
 - Stronger communication efforts on existing resources.
- Substance Use Programs:
 - Expansion of prevention education programs for youth and parents.
 - More accessible treatment centers and mobile outreach.

Healthy Lifestyles

- Nutrition Access and Education:
 - Expansion of SNAP Double Bucks and WIC voucher programs.
 - Support food pharmacies and pediatric nutrition initiatives.
- Physical Activity Infrastructure:
 - Invest in parks, trails, safe walking routes and other initiatives that connect residents to physical activity programs.
 - Expansion of programs like Rowan Moves and Daily Mile in schools.
- Preventive Health Services:
 - Increase access to screenings (cholesterol, cancer, diabetes).
 - Mobilization of resources to reach underserved areas.

Housing

- Affordable Housing Development:
 - Support community land trusts and transitional housing.
 - Expand partnerships with Habitat for Humanity and local developers.
- Housing Support Services:
 - Increase access to emergency shelters and rental assistance.
 - Improve coordination among housing and health service providers.
- Policy and Advocacy:
 - Address zoning and development barriers.
 - Advocate for expanded housing vouchers and tenant protections.

Cross-Cutting Resource Needs

- Community Resource Awareness:
 - Expand community knowledge around available services.
 - Strengthen centralized resource inventories and outreach.
- Transportation Access:
 - Transportation barriers affect access to health care, housing, and food.
 - Expand public transit and mobile service delivery.
- Youth and Family Support:
 - Invest in youth programs, mentorship, and family engagement.
 - Address intergenerational trauma and substance use.

APPENDICES

CHNA Resource Page

To explore the full scope of the 2025 CHNA, we invite you to visit the Rowan County Public Health Department's CHNA Resource Center. (www.rowancountync.gov/Community-Health-Needs-Assessment-2025) There, you will find the complete CHNA Final Report, all supporting appendices, the full CHNA Dissemination Presentation, a concise one-page summary, and the expert presentations reviewed by the CHNA Steering Committee. These materials provide a deeper understanding of the data, community insights, and strategic priorities that shaped this year's assessment and will guide future health initiatives across Rowan County.

Appendix A: [CHNA Survey - English and Spanish](#)

Appendix B: [Survey Graphic](#)

Appendix C: [Survey Results and Tables](#)

Appendix D: [Focus Group Questions and Results](#)

Appendix E: [Community Health Forum Flyer](#)

Appendix F: [Community Health Forum Agenda](#)

Appendix G: [Secondary Data](#)

Appendix H: [Resource Inventory](#)

Appendix I: [WellCare Health Empowerment Zone Assessment](#)